U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services

Medicare Access and CHIP Reauthorization Act (MACRA) Funding Opportunity:

Connecting Kids to Coverage
OUTREACH AND ENROLLMENT COOPERATIVE AGREEMENTS

Initial Announcement
Cooperative Agreement

Funding Opportunity Number: CMS-1Z0-16-001
CFDA: 93.767

Date: November 16, 2015

Applicable Dates:

FOA Posting Date:	**November 16, 2015**
Letter of Intent to Apply Due Date:	**December 16, 2015**
Electronic Cooperative Agreement Application Due Date:	**January 20, 2016 (3:00 p.m. EST)**
Anticipated Issuance of Notices of Award:	**May 20, 2016**
Anticipated Cooperative Agreement Period of Performance:	**May 20, 2016 – May 19 2018**

Potential Applicant Teleconferences:

Thursday, November 19th 3:00 pm to 4:00 pm EST 1-877-267-1577, 992 099 111
Monday, November 30th 3:00 pm to 4:00 pm EST1-877-267-1577, 998 168 839
Password: Meeting1 (only necessary for November 30th call)

(There are a limited number of phone lines for each call, please visit http://www.insurekidsnow.gov/ for all information regarding this announcement)

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I. EXECUTIVE SUMMARY

The Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements grant program, as authorized under Section 2113 of the Social Security Act, as amended by Section 303 of the Medicare Access and CHIP Reauthorization Act (MACRA) Pub. L. 114-10 provides funding opportunities to reduce the number of children who are eligible for Medicaid and CHIP, but are not enrolled, and improve retention of eligible children who are currently enrolled.

Funding Opportunity Title:	Connecting Kids to Coverage OUTREACH AND ENROLLMENT COOPERATIVE AGREEMENTS
Announcement Type:	New
Funding Opportunity Number:	CMS-1Z0-16-001
Catalog of Federal Domestic	93.767
Letter of Intent to Apply Due Date:	December 16, 2015
Cooperative Agreement Application Due Date:	January 20, 2016 3:00 p.m. Eastern (Baltimore MD) Standard Time (EST)
Anticipated Notice of Award:	May 20, 2016
Performance Period:	24 months
Anticipated Total Annual Available	$32,000,000
Estimated Number and Type of	30 Cooperative Agreements
Estimated Award Amount:	$250,000 up to $1,000,000.
Estimated Award Date:	May 20, 2016
Eligible Applicants:	• A state with an approved child health plan under this title [42 U.S.C. Section1397aa et seq.]; • A local government; • An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider; • A federal health safety net organization; • A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs; • A faith-based organization or consortia, to the extent that a cooperative agreement awarded to such an entity is consistent with the requirements of Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities; and/or • An elementary or secondary school.

II. FUNDING OPPORTUNITY DESCRIPTION

This solicitation seeks applications for **Connecting Kids to Coverage Outreach and Enrollment (Cycle IV)** grant funding. Indian health care providers and tribal entities are eligible to apply for cooperative agreements under this funding opportunity announcement (FOA). These Cycle IV cooperative agreements will support outreach strategies similar to those conducted in previous grant cycles, and also will support grantee participation in key outreach initiatives coordinated by the Connecting Kids to Coverage National Campaign (the Campaign). The Campaign is also funded under the Medicare Access and CHIP Reauthorization Act (MACRA) Pub. L. 114-10, and is led by the Center for Medicaid and CHIP Services (CMCS) and the CMS Office of Communications. The Campaign provides a full range of outreach and enrollment materials including customizable posters and flyers, as well as radio and TV public service announcements, videos featuring successful outreach strategies and outreach strategy guides that suggest effective ways to use the materials produced by the Campaign. Most materials are available in English and Spanish, and some are available in other languages, as well. A series of training webinars on key outreach and enrollment topics are presented on a monthly basis. The Campaign also augments media outreach in selected target markets. All materials produced by the Campaign, including recordings of all past webinars along with information about previous grantees, are available at www.InsureKidsNow.gov.

1. Purpose

MACRA, signed into law by President Obama on April 16, 2015, provides funding for the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2017.

MACRA also provides $40 million for activities aimed at reducing the number of children who are eligible for Medicaid and CHIP, but are not enrolled and improving retention of eligible children who are currently enrolled. Of the total $40 million in funding for grants and the national outreach and enrollment campaign, this Funding Opportunity Announcement (FOA) makes available $32 million in grants to states, local government, schools, or health care providers.

MACRA funding for outreach and enrollment grants will build upon successful strategies facilitated by previous grant funding initiatives under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3) and the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148). To date, under CHIPRA and the Affordable Care Act, a total of approximately $126 million in grant funding has been awarded. The first $40 million, released in Cycle I, was awarded to 68 grantees in 42 states in September 2009.

This was followed in April 2010 with awards amounting to $10 million in grants to 41 Native American Indian/Alaska Native (AI/AN) grantees in 19 states. Cycle II grants were awarded in August 2011, with another $40 million going to 39 grantees in 23 states. Cycle III grants were awarded in July 2013, with $32 million awarded to 41 grantees in 22 states. Finally, in November 2014, grants totaling nearly $4 million were awarded to ten AI/AN grantees in seven states. All of these grants supported projects aimed at raising awareness about the availability of health insurance for eligible children under Medicaid and CHIP and facilitating their enrollment into coverage. Details on the grantees and the activities they were funded to conduct can be found at:
http://www.insurekidsnow.gov/professionals/funding/history.html

2. Background

Since 2009, the nation has made substantial progress on reducing the number of uninsured children and toward providing health coverage to all children who are eligible for Medicaid and CHIP but who are not enrolled. A recent analysis of Census data by Georgetown University's Center for Children and Families found that the rate of uninsured children fell from 9.3 percent in 2008 to an all-time low of 6.0 percent in 2014. Just under 4.4 million children remain uninsured in 2014. (For more information on this analysis please consult http://ccf.georgetown.edu/ccf-resources/childrens-uninsured-rate-2014-affordable-care-act/). In FFY 2014, Medicaid and CHIP served nearly 44 million children. That is 1 in every 3 children in America.

In addition to the decline in the percentage of uninsured children, Medicaid and CHIP participation rates increased, indicating that a greater proportion of eligible children were enrolling and gaining access to the health benefits that Medicaid and CHIP provide. A study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates, found that nationally, participation rates have increased steadily from 81.7 percent in 2008 to 85.8 percent in 2010 and, most recently, to 88.3 percent in 2013. Similarly, participation rates have increased over time in every state, and a growing number of states in every region of the country have attained participation rates of 90 percent or higher. (For the most recent data on state participation rates, visit http://www.insurekidsnow.gov/chip/reports/index.html.)

The researchers attribute these achievements to the efforts states have made to simplify eligibility rules and streamline enrollment and renewal procedures, and also to state and community-based outreach efforts that have helped families get their eligible children enrolled in Medicaid and CHIP.

While this progress is significant, the Urban Institute analysis shows that there are still approximately 3.7 million children eligible for Medicaid and CHIP but not enrolled. Recent improvements have narrowed gaps in coverage among subgroups of children such as adolescents, Hispanic and American Indian/Alaska Native children, yet coverage disparities persist. In short, the nation is moving

forward to ensure that children have the health coverage they need, but there is more work to be done.

Since implementation of the Affordable Care Act began in 2010, states have made significant changes to their Medicaid and CHIP eligibility determination policies, procedures and systems. At the same time, more people have become eligible for health coverage under Medicaid, as well as for financial assistance to help pay for premiums and other costs associated with coverage under qualified health plans (QHP) available through the Health Insurance Marketplaces. Intensive work is going on and great progress is being made to assure that application and enrollment systems are seamless among programs and that the consumer experience is first-rate. States have also worked to simplify the eligibility verification process. For example, a single streamlined application – for all insurance affordability programs including Medicaid, CHIP and enrollment in a QHP – is available online, over the phone, and on paper. State Medicaid and CHIP agencies must rely on electronic data and if no data is available or the data is not consistent with the information on the application, then the state can request documentation. States are also working to improve the renewal process for Medicaid and CHIP enrollees. States are using a data-driven redetermination process and if additional information is needed to redetermine eligibility, the state must send a pre-populated renewal form. Other crucial components in creating a first-rate consumer experience involve providing families and individuals applying for health insurance with reliable information and direct application assistance. Families and individuals continue to seek such help from organizations they know and trust – health care providers, their child's school, familiar community-based organizations and faith-based groups. Thus, the services of Connecting Kids to Coverage grantees remain fundamental to achieving the goal of reducing the number of children eligible for Medicaid and CHIP who are not enrolled and also helping children stay covered for as long as they qualify.

While the opportunity to obtain coverage under a QHP in the Marketplace is generally limited to a specific open-enrollment period, eligible individuals can enroll in Medicaid and CHIP year-round. The Connecting Kids to Coverage grantees are among the organizations and institutions reminding families in their communities that they can apply for Medicaid and CHIP at any time. The grantees will be emphasizing this message and helping families apply year-round.

3. Program Requirements

Project activities

a. Grants awarded under the cooperative agreement will fund activities aimed at educating families to the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process.

Applicants are encouraged to consider any of the following outreach strategies (See Appendix A for more information):

- Engaging schools in outreach, enrollment and retention activities;
- Bridging health coverage disparities by reaching out to subgroups of children with lower than average health coverage rates (e.g. teens, Hispanics, or children in rural areas); and,
- Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities.

b. Grantees will be required to work with the Connecting Kids to Coverage National Campaign (described in Section II) on two special initiatives each year. These initiatives are designed to capitalize on key opportunities for outreach that are expected to be particularly productive:

- The first of the initiatives will take place after the 2016 Marketplace open enrollment period comes to an end and will feature the Medicaid/CHIP year- round application and enrollment message.
- The second will be focused on outreach during Back-to-School time.

The National Campaign will make outreach materials available that can be customized for local use. It will also host a robust series of training webinars to help guide grantees and others who will be conducting activities locally. During these initiatives, grantees will have the flexibility to tailor activities to the needs of their communities and to build on what they have been doing throughout the cooperative agreement period. The goal is to coordinate an intensive set of activities and a cohesive campaign during these two critical times of the year.

Applicants should take these additional factors into consideration when designing proposals:

- To be most effective, outreach efforts should link families to direct enrollment and renewal assistance.
- Incorporating the use of online applications and renewals into outreach and enrollment activities can make the application and renewal process more efficient and consumer-friendly, helping families to successfully get coverage for their children and for eligible children to retain coverage.
- While the emphasis of the Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreement program (Cycle IV) remains focused on enrolling eligible children in Medicaid and CHIP, a large body of research finds that when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care.

Appropriate messaging and strategies that help enroll eligible parents can also facilitate the enrollment of eligible children. Given that more than half the states and the District of Columbia have expanded their Medicaid programs to cover more low-income adults, more parents and other adults are eligible for Medicaid than ever before. This provides an important opportunity to take a two-generation approach, helping to enroll eligible parents as a means to getting more eligible children enrolled and improving the health and financial security of the family.

- Families often seek health insurance for their children at times when they are most attuned to needing health services for them, such as when they are sick or injured, need physical exams to enroll in school or summer programs, or need routine preventive care, including immunizations, vision and hearing tests, or asthma and allergy screenings. Organizations and institutions that provide such services – such as hospitals, health clinics, departments of health, and schools – are in a good position to conduct outreach and help families get their eligible children enrolled. They may also be more likely to have the infrastructure to sustain and track progress of outreach and enrollment efforts. Applicants that are not one of these types of organizations or institutions may wish to consider partnering with one or more of these entities.

c. Data and Reporting Requirements

Grantees will be required to collect and report to CMS data related to the project goals. Such data will demonstrate the project outcomes, and will also be used to help evaluate the success of outreach and enrollment strategies and identify areas that needs improvement or mid-course corrections. All grantees will be responsible for collecting and reporting particular data elements (presented below). In addition, applicants are encouraged to identify additional metrics that will be used to evaluate the efforts of the grantee's work. All required data must be reported to CMS on a semi-annual basis utilizing a web-based reporting tool provided by CMS. Additional data that is not required should also be reported on a semi-annual basis and can be included in written reports.

The required data that all grantees must collect include:

- Number of children assisted in applying for health coverage
- Number of children enrolled in Medicaid and CHIP as a direct result of the project
- Number of children assisted in renewing Medicaid or CHIP
- Number of children retained in Medicaid and CHIP as a direct result of the project

If the applicant proposes to enroll eligible parents in health coverage, the following data is required:

- Number of parents assisted in applying for health coverage
- Number of parents enrolled in an insurance affordability program as a direct result of the project
- Number of parents assisted in renewing health coverage
- Number of parents retained in an insurance affordability program as a direct result of the project

To the extent possible, the best way to demonstrate project outcomes is to obtain enrollment data from the state or county Medicaid and/or CHIP agency. This would typically require the establishment of a Memorandum of Understanding (MOU) or other data-sharing agreement with the state or county Medicaid/CHIP agencies. Non-state applicants must secure an MOU or other data-sharing agreement with the state or county Medicaid/CHIP agencies within 90 days after the cooperative agreement is awarded. However, it may not always be possible to obtain data from these sources. Therefore, proposals must describe alternative methods for collecting and reporting accurate enrollment data. All non- state applicants who cannot secure a MOU or data-sharing agreement must provide an alternate plan for collecting accurate enrollment data.

If the applicant is a state agency or a collaborative that includes the state agency, the proposal must include assurance that required enrollment and retention data will be reported by the state semi-annually using ever-enrolled data to ensure that a child is not counted more than once.

III. AWARD INFORMATION

1. Total Funding

The total amount of federal funds available is anticipated to be $32,000,000. Please also refer to Section I. Executive Summary for the total funding.

2. Award Amount

The amount of each cooperative agreement award made to eligible applicants may range from $250,000 up to $1,000,000. Please also refer to Section I. *Executive Summary* for the award amount.

3. Anticipated Award Dates

The anticipated award date may vary depending on agency circumstances but is projected to be up to four months after the application deadline to allow for adequate application review and grantee selection. Please also refer to I. *Executive Summary* for the anticipated award date.

4. The Period of Performance

The project period of performance for each Cooperative Agreement awarded will be two years from the date of award. There will be two one-year budget periods for the period of performance from May 20, 2016 to May 19, 2018. Please refer to I. *Executive Summary* for the length of the period of performance.

5. Number of Awards

CMS has no way to know the actual number of applicants and quality of award submission at this time. However; based on previous grant experience we anticipate awarding up to 30 cooperative agreements. Please also refer to I. *Executive Summary* for the number of awards.

6. Type of Award

These awards will be structured as Cooperative Agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

IV. ELIGIBILITY INFORMATION

1. Eligible Applicants

This cooperative agreement opportunity is open to the following individual eligible entities, or collaboratives of eligible entities:

a. A state with an approved child health plan under this title [42 U.S.C. Section1397aa et seq.];
b. A local government;
c. An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider;
d. A federal health safety net organization;
e. A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs;

f. A faith-based organization or consortia, to the extent that a cooperative agreement awarded to such an entity is consistent with the requirements of Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities; and/or

g. An elementary or secondary school.

Former and current Connecting Kids to Coverage Grantees from (Cycle I, II or III) or AI/AN grantees submitting proposals under this FOA (Cycle IV) must be or have been grantees in good standing, meaning they must be meeting or have met all reporting requirements and other contractual obligations under their grants.

Applicants that had Cycle I, Cycle II, Cycle III or AI/AN grants may apply for a Connecting Kids to Coverage (Cycle IV) cooperative agreement if their proposal meets one of the following: 1) New and distinct activities: A Cycle I, Cycle II, Cycle III or AI/AN grantee may submit a proposal for activities that are new and distinct from those previously funded under the Cycle I, Cycle II, Cycle III or AI/AN grant, OR 2) Continuation of successful activities: A Cycle I, Cycle II, Cycle III or AI/AN grantee that wishes to continue activities it is currently conducting, or conducted during a previous cycle, may submit a proposal for a Cycle IV grant, but must present data demonstrating that the activities it wishes to continue have proved successful in enrolling and/or retaining eligible children in Medicaid and CHIP and warrants further funding.

Non-State applicants may also be eligible as grant funds are intended to be widely distributed across a range of governmental and non-governmental organizations that have the ability to promote enrollment in children's health coverage programs. While not all state Medicaid and CHIP agencies will be interested in participating directly in this initiative, state support helps ensure success and, at a minimum, is important with respect to making data available to document progress and identify areas for improvement. Non-state applicants awarded grants will be required to demonstrate how they will determine the enrollment status of children enrolled or retained in Medicaid and CHIP (See Section II 4. c. for Data Reporting Requirements) so they can accurately report these outcomes to CMS.

Applicants that are collaboratives, and will utilize the strengths of each participating group, should identify all member organizations and the roles and responsibilities of each under the grant. Proposals must designate a lead agency or organization. Proposals from collaboratives will be considered on their strengths and merits in the same manner as proposals from individual state or other entities. Proposals should include a Letter of Commitment from the director (or other responsible person) of each organization participating in the collaborative. The letter should confirm the organization's participation in the collaborative and the role it will play. Alternatively, applicants may include one Statement of Collaborative Effort (SCE) which lists each partner organization, the role each will play and the signature of the director of each organization (or other responsible

person). Where applicable, Letters of Commitment or the SCE should provide information about past joint endeavors.

Ineligible Applicants

Foreign and International Organizations and for-profit entities are not eligible to apply. Applicants must be public and/or not-for-profit entities.

Threshold Criteria

- Application deadline: Applications not received electronically through www.grants.gov by the application deadline will not be reviewed.
- Applications will be considered for funding only if the application meets the requirements as outlined in, IV. *Eligibility Information,* and V. *Application Information.*

Applicants are strongly encouraged to use the review criteria information provided in Section VI. *Application Review Information,* Section V. *Application Information,* and *Appendix* C, *Application and Submission Information,* to ensure that the application proposal adequately addresses all the criteria.

2. Cost Sharing/Matching and Maintenance of Outreach Funding

Awardees, including states, are not required to provide a matching contribution. However, any outside funding that will be contributed to the outreach and enrollment effort by other entities must be mentioned in the Budget Narrative. In the case of a state that is awarded a grant, the state funds expended for outreach and enrollment activities during the grant project period shall not be less than the level of such funds expended in the federal fiscal year proceeding the first fiscal year for which the grant is awarded.

3. Single Application Requirement

Only one application may be submitted by any given lead eligible entity for funding for a Connecting Kids to Coverage Cycle IV cooperative agreement; however, an eligible entity may be a member of multiple applicant collaboratives. Entities working together as a collaborative shall submit one application. Only one Cycle IV cooperative agreement will be awarded to a single eligible entity or to the lead agency of a collaborative.

If an eligible entity submits more than one application, only the latest eligible application submitted will be accepted for review. No others will be accepted. All awardees must attest that they will not finance the same scope of work under more than one Cycle IV cooperative agreement award or other federal or non-federal funding stream.

4. CMS/Grantee Collaboration

Grantees will agree to fulfill all cooperative agreement requirements, including requirements to collaborate with CMS. They must agree to:

a. Participate in key grantee training activities as identified by CMS;
b. Participate in the Connecting Kids to Coverage National Campaign outreach initiatives described in this FOA;

c. Submit, in a timely manner, semi-annual reports to include all required data elements utilizing the progress reporting tool provided by CMS (see Section II. 4. c. for a description of the required data reporting process);
d. Submit timely, accurate Financial Status Reports (SF-425);
e. Participate on periodic conference calls, with CMS or its contractors, to provide updates on enrollment and renewal data, implementation status and other updates as needed;
f. Work collaboratively with CMS to identify successful strategies and share information about cooperative agreement activities;
g. Share best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS;
h. Cooperate fully with the independent evaluation of the cooperative agreement program conducted by the CMS evaluator; and;
i. Cooperate fully with CMS and all CMS contractors associated with this cooperative agreement.

V. APPLICATION INFORMATION

1. Application Package

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for cooperative agreement funding. The application should be written primarily as a narrative with the addition of standard forms required by the federal government for all grants and cooperative agreements.

Applicants are required by the Department of Health and Human Services (HHS) to submit their applications in the form of a complete electronic application package, including all required forms, to http://www.grants.gov. Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website. You must search the downloadable application page by the CFDA number shown on the cover page of this announcement.

For assistance with Grants.gov, contact Support@Grants.gov or call (800) 518-4726. **HHS strongly recommends that you do not wait until the application due date to begin the application process (**through http://www.grants.gov) because of the time needed to complete the required registration steps.

Content and Format of Application

Please note that applications that fail to follow the strict formatting requirements outlined below regarding formatting, font size, and page limitations will be deemed ineligible and their applications will not be considered for review. The application must include all contents described below and must not exceed 28 pages.

Please note that some items must be double-spaced and other items may be single-spaced. Proposals that do not adhere to this strict page limitation will not be reviewed and will be rejected.

Each application must include all contents described below, in the order indicated, and conform to the following specifications:

- Use 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5" x 11".
- All pages of the project and budget narratives must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative will be double-spaced.
- The Budget Narrative may be single-spaced and should follow the justifications and table formats provided in Appendix B, *Sample Budget and Narrative Justifications.*
- Tables included within any portion of the application should have a font size of at least 12-point with a 14 CPI and may be single spaced. Tables are counted towards the applicable page limits.
- The project abstract is restricted to a one-page summary which may be single-spaced.
- The additional required documentation, including Standard Forms, copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract is excluded from the page limitations.

504 Compliance - Recipients of federal financial assistance (FFA) from Health and Human Services (HHS) must administer their programs in compliance with federal civil rights laws. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. It is HHS' duty to ensure access to quality, culturally competent care, including long- term services and supports, for vulnerable populations.

HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. In addition, recipients of FFA have specific legal obligations for serving qualified individuals with disabilities by providing information in alternate formats.

Several sources of guidance provided below:
- http://www.hhs.gov/ocr/civilrights/understanding/index.html
- http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html
- http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
- http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html
- HHSAR 352.270-1
- http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at http://www.hhs.gov/ocr/office/about/rgn- hqaddresses.html or call 1-800-368-1019 or TDD 1-800-537-7697.

Overview of Cooperative Agreement Application Structure and Content

Standard Mandatory Forms

The following standard forms are found in the Grants Application Package at Grants.gov and must be completed with an electronic signature and submitted as part of the proposal:

- Project abstract summary
- SF-424: Official Application for Federal Assistance (see note below)
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities.

  All applicants must submit this document. If your entity does not engage in lobbying, please insert "Non-Applicable" on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific funding opportunity announcement will provide final, binding guidance. This form is required as part of your application package and must be submitted for your application to be considered eligible for review.

- Project Site Location Form(s)
  All applicants must submit this document. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst

programs. The specific funding opportunity announcement will provide final, binding guidance. This form is required as part of your application package and must be submitted for your application to be considered eligible for review.

Note: On SF 424 "Application for Federal Assistance":

- On Item 15 "Descriptive Title of Applicant's Project", state the specific cooperative agreement opportunity for which you are applying: Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements.
- Check "No" to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.

Project Abstract

A one-page abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, the number of projected clinician participants, projected total cost of care savings, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract. In the Grants Application Package that can be found at www.Grants.gov, select the Project Abstract Summary and complete the form.

Project Narrative Requirement

In the Grants Application Package that can be found at www.Grants.gov, select the Project Narrative Attachment Form and "Add Mandatory Project Narrative File".

Budget Narrative Requirement

For more information on completing the budget narrative, please see Appendix B, *Sample Budget and Narrative Justifications.* This Appendix provides detailed instructions and examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the goals of this funding opportunity announcement and consistent with Connecting Kids to Coverage Outreach and Enrollment Grants Cycle IV requirements. Overhead and administrative costs must be reasonable. Detailed costs and breakdown for each SF 424A line item are as follows:

1. Personnel (itemized)
2. Fringe benefit costs
3. Travel and training cost
4. Equipment
5. Supplies

6. Contractual
7. Construction (unallowable)
8. Other
9. Indirect Cost
10. Totals

The Budget Narrative Attachment Form can be found in the Grants Application Package at www.Grants.gov; select the Budget Narrative Attachment Form and "Add Mandatory Budget Narrative". Completion of the Standard form, SF-424A, is also required and is an important part of our proposal and will be reviewed carefully by HHS staff.

For detailed application content, format and submission instruction, please refer to Appendix C. *Application and Submission Information*.

2. Submission Dates and Times

Applicants are required to submit a non-binding Notice of Intent to Apply (See Appendix F). CMS reserves the right to consider an applicant ineligible without a timely Notice of Intent (NOI). The notices of intent enable CMS to better plan for the application review process. Notices of Intent to Apply should be submitted by email to CMS at CMS_TA@grantreview.org by December 16, 2015, 3:00 p.m. Eastern (Baltimore) time.

All grant applications must be submitted electronically through www.Grants.gov and are due on January 20, 2016. Applications received through www.grants.gov until 3:00 p.m. EST on January 20, 2016, will be considered "on time." All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application's receipt.

Applications that do not meet the above criteria for submission through www.grants.gov will be considered late. Late applications will not be reviewed.

3. Funding Restrictions

Indirect Costs

If requesting indirect costs, an Indirect Cost Rate Agreement will be required. For more information about determination of Indirect Cost Rate Agreements please go to: http://www.psc.gov/financial/indirect-cost-negotiations.html.

Direct Services

Cooperative Agreement funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid, and/or CHIP. These services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at

technical assistance conferences sponsored by CMS or its national technical assistance providers for the benefit of awardees.

Reimbursement of Pre-Award Costs

No cooperative agreement funds awarded under this solicitation may be used to reimburse pre-award costs.

Prohibited Uses of Cooperative Agreement Funds

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing State, local, or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy State matching requirements.
- Award dollars cannot be used for specific components, devices, equipment, or personnel that are not integrated into the entire service delivery model proposal.

VI. APPLICATION REVIEW INFORMATION

1. Criteria

a. Project Narrative (70 points, total of i - iv below)

i. Description of Need (10 points)

Describe the target population and provide data on the number and/or rate of uninsured children, as well as estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, and other data, as appropriate. Identify barriers to enrollment and retention of target population.

ii. Statement of Project Goals (10 points)

Specify the measurable goals for your proposed project, including the number of children that will be enrolled and the number that will be retained in Medicaid and CHIP as a result of the project.

Provide adequate justification for how you determined these goals. Specify the number of eligible parents your project will enroll and retain in health coverage, if applicable.

iii. Capacity to implement the project (10 points)

Describe the applicant's capacity to implement the proposed project. Include information about the applicant's level of knowledge about Medicaid and CHIP eligibility and enrollment procedures, as well as information about the applicant's past experience conducting health coverage outreach and enrollment activities. (Information about the applicant's experience conducting outreach and enrollment activities for other public benefit programs is also helpful). Describe the applicant's readiness to implement the project if the proposal is successful.

iv. Outreach and Enrollment Plan (40 points)

Describe the year round strategies that will be used to enroll and retain eligible children in Medicaid and CHIP. Describe specific efforts your project will undertake to make the most of the following two important periods for conducting outreach and enrollment activities aimed at enrolling eligible children in Medicaid and CHIP. (Note that the Connecting Kids to Coverage National Campaign will be providing materials and other support to grantees)

1. Following Marketplace open enrollment period (to remind families that enrollment in Medicaid and CHIP remain Available year round) and;
2. Back-to-School time.

Discuss the settings in which outreach and enrollment activities will take place, emphasizing why chosen settings are believed to be places where activity will be most productive.

Describe how application and renewal assistance will be delivered directly to families and the strategies that will be used to track and report on the number of children and parents the project assists and the outcome of those interactions.

Demonstrate the ability to modify and refine outreach, enrollment, and renewal strategies based on an ongoing self-assessment of the effectiveness of those strategies.

Discuss how the applicant will sustain the proposed efforts beyond the grant period using additional funding or in-kind support from sources other than the federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage. While not a requirement, planning for ways outreach and enrollment activities can become part of the routine work of community organizations and institutions enhances the project's value.

b. Data Collection and Reporting Plan (20 points)

Describe how required data (discussed in Section II(3)(c)) will be collected. Also describe any non-required data/metrics the project will collect and report, why the data is useful, how it will be collected and reported and how it will be used.

Reminder: Non-state applicants that can secure a Memorandum of Understanding (MOU) or other data-sharing agreement with the state or county agencies will have until 90 days after the cooperative agreement is awarded to produce the agreement. Applicants unable to obtain this agreement must provide an alternate plan for collecting accurate enrollment data in case it turns out to be impossible or infeasible to obtain n MOU or other data-sharing agreement. Non-state applicants that do not expect to be able to obtain an MOU or other data-sharing agreement must provide an alternative plan for collecting and reporting accurate enrollment data.

c. Work Plan and Timeline (15 points)

The work plan section of the application should document activities, reasonable milestones and timeframes that are likely to lead to achievement of the stated project goal and identify the parties responsible for performing the activities.

d. Budget and Budget Narrative (15 points)

Applicants must provide a budget with appropriate budget line items and a narrative that describes the funding needed to accomplish the goals of the grant. For the budget recorded on form SF-424A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

State applicants or collaboratives with state agency membership must provide assurance that the state share of funds expended for outreach and enrollment activities under the state child health plan shall not be less than the state share of such funds expended in the fiscal year proceeding the first fiscal year for which the grant is awarded.

e. Evaluation (15 points)

Describe how the project will be evaluated. Discuss what data will be used to determine whether goals are being met and whether changes need to be made during the project to remain on course. Discuss how changes will be made, if necessary.

f. Staffing Plan (15 points)

Describe how the project will be staffed, including the number of staff, their skills and credentials and how they will be deployed. Include brief job descriptions for the Project Director and Assistant Director and a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the cooperative agreement activities.

2. Review and Selection Process

CMS will employ a multi-phase review process and each panel will consist of at least three expert reviewers. Panels will proceed as follows:

a. Phase I:

Applications will be screened for completeness and compliance with application requirements as listed in Section V and required certifications as noted in Section V. In addition, proposals will be reviewed to determine eligibility using the criteria detailed in Section IV (Eligibility Information) of this solicitation. Applications that are received late or fail to meet the eligibility requirements as detailed in this solicitation or do not submit the required forms will not be reviewed.

b. Phase II:

Eligible applications will be reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, researchers, and federal policy staff who are not part of the cognizant program office. The review panels will establish an overall numeric score for each application.

In addition to the criteria listed, applicants should consider the following:

- Goals for the project are clearly stated and appear achievable
- Description of need is compelling and is based on data that is clearly cited
- Proposed metrics to be considered will adequately allow for project monitoring and measuring project success
- The organization has sufficient capacity to accomplish the goals of the grant
- There is a clear plan for collecting and reporting verified state enrollment data o The prospects for sustaining the project are clearly stated

c. Phase III:

A CMS review team will use the scores and comments from Phase II to inform its final recommendations to the CMS approving official. The final recommendations are forwarded to OAGM who conducts a program integrity screening of the applicant, its affiliates, or any other relevant individuals or entities. The screening will determine if prior investigations, CMS administrative actions, or claims analysis indicate these entities present a high risk for fraud and abuse under the award.

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, the CMS/OAGM/GMO, in her or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.

Factors other than merit that may be used in selecting applications for award:

CMS may assure that cooperative agreement awardees represent diversity in project approaches based on key factors, such as:

- Use of strategies most likely to achieve success;
- Level of need in area project will operate; and
- Balanced geographic distribution of grants awards.

CMS may distribute grant funds (as detailed in the "Award Information" section of this solicitation) based upon the number and quality of applications received. CMS will not fund activities that are duplicative of efforts funded through its grant programs (including Navigator Grants) or other federal resources.

Based on this review, CMS will determine which applicants will receive grant awards and the dollar amount of each award. Successful applicants will receive one grant award based on this solicitation.

3. Anticipated Award Date

The anticipated award date is May 20, 2016.

VII. AWARD ADMINISTRATION INFORMATION

CMS may redistribute cooperative agreement funds based upon the number and quality of applications received for each cooperative agreement opportunity. CMS will not fund activities that are duplicative of efforts funded through its grant programs or other federal resources.

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer that will set forth the amount of the award and other pertinent information including the Terms and Conditions (explained further below).

The NoA is the document authorizing the grant award and will be sent by electronic mail to the awardee as listed on its SF-424. Any communication between HHS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified, either electronically or through the U.S. Postal Service to the applicant organization as listed on its SF-424, within 30 days of the award date.

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

- Specific grant administrative requirements, as outlined in 45 CFR Part 75, apply to this cooperative agreement opportunity.
- All awardees receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:
  a. Title VI of the Civil Rights Act of 1964,
  b. Section 504 of the Rehabilitation Act of 1973,
  c. The Age Discrimination Act of 1975, and
  d. Title II, Subtitle A of the Americans with Disabilities Act of 1990.

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.

Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All cooperative agreement budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families where applicable.

- The criteria as outlined in this grant announcement.

Cooperative Agreements are administered in accordance with the following program requirements, regulations, policies, and cost principles:

- Administrative Regulations for Grants:
  - Title 45, Code of Federal Regulations, Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
  - Title 45, Code of Federal Regulations, Part 75, HHS codification of 2 CFR Part 200, with agency-specific amendments.
  - Title 48, Code of Federal Regulations, subpart 31.2 - Cost Principles for Contracts with Commercial Organizations.
- Grants Policy:
  - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:
  - Title 2, Code of Federal Regulations, 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) – effective December 26, 2014 http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75
  - Audit Requirements:
  - 45 CFR Part 75 Code of Federal Regulations: Uniform Administrative Requirements, Part 75, Subpart F- Audit Requirements, Sections 75.500 - 75.521 (previously OMB Circular A-133).

Indirect Costs

If applicant is requesting indirect costs, they are required to use a current negotiated indirect costrate. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 45 CFR Part 75 (Uniform Guidance) —Statesand Local Governments and Indian Tribe Indirect Cost Proposals, and would like to request one,may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in §75.403 Factors affecting allow ability of costs, costs must beconsistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 45 CFR Part 75, Direct and Indirect (F &A) Costs §75.412 to 75.415 and Special Considerations for States, Local Governments and Indian Tribes, §75.416 to 75.417 governreimbursement of indirect costs under this solicitation

If the recipient fails to provide a proposal, **indicating a current negotiated indirect cost rate,** indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf for more information.

3. Terms and Conditions

This solicitation is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. Standard and program specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. HHS regulations (45 CFR Part 75) supersede information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Awardees must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own cooperative agreement activities.

HHS may terminate any CMS award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity.

All recipients must avoid conflicts of interest in the award and administration of contracts. Recipients should comply with 45 CFR Part 75, Procurement Standards as outlined in §§75.317 to 75.326.

In the event a Recipient or one of its sub-Recipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS.

This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer.

This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

4. Cooperative Agreement Terms and Conditions of Award

The administrative and funding instrument used for Connecting Kids to Coverage Outreach and Enrollment Grant will be a Cooperative Agreement, an assistance mechanism in which substantial HHS programmatic involvement with the recipient is anticipated during the performance of the activities. Under each Cooperative Agreement, HHS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this Cooperative Agreement, HHS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

U.S. Department of Health and Human Services

HHS will have substantial involvement in program awards, as outlined below:

- Technical Assistance – HHS will host opportunities for training and/or networking, including conference calls and other vehicles.
- Collaboration – To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, HHS will actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, and the Social Security Administration.
- Program Evaluation – HHS will work with recipients to implement lessons learned. o Project Officers and Monitoring – HHS will assign specific Project Officers to each
  Cooperative Agreement award to support and monitor recipients throughout the period of performance. HHS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will help determine compliance with programmatic and financial requirements.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial HHS involvement. Recipients shall engage in the following activities:

- Reporting – comply with all reporting requirements outlined in this funding opportunity and the terms and conditions of the Cooperative Agreement to ensure the timely release of funds.
- Program Evaluation – cooperate with HHS-directed national program evaluations.
- Participate in technical assistance venues as appropriate.
- Program Standards – comply with all Connecting Kids to Coverage Outreach and Enrollment Grant requirements, applicable current and future standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

Intellectual Property

The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

Recipients under this solicitation must comply with the provisions of 45 CFR Part 75 §75.315, Intangible property, and 45 CFR §75.322, Intangible property and copyrights.

5. Grantee Communication

Grantees are expected to communicate with their CMS Project officer by phone and/or email as needed and beneficial for proper grant administration. After the award, CMS will reach out to all awardees to introduce the key contacts especially the CMS Project Officer. All successful applicants under this announcement must comply with the following reporting and review activities:

Progress Reports

Awardees must agree to cooperate with any Federal evaluation of Connecting Kids to Coverage Outreach and Enrollment Grants and must provide semi-annual, and final (at the end of the cooperative agreement period) reports, as required, in the form prescribed by HHS, as well as any additional reports as required. Reports will be submitted electronically. The first report is estimated to be due November 21, 2016.

The minimum program progress narrative report elements – are as follows:

i. Program Name;
ii. Project Director Name;
iii. Reporting Period;
iv. Budget Status - include amounts for planned expenditure, actual expenditure, and deficit/surplus;
v. Work Plan Chart/Timeline status;
vi. Project description - short summary;
vii. Milestones - Milestones are high-level goals that often define the phases of a project. Record here applications submitted and verifiable enrollments that have been reached at this point in the project;
viii. Accomplishments - Tasks that were accomplished during this reporting period;
ix. Projected Goals - Goals projected to be completed during the next reporting period; and
x. Issues - Issues that must be addressed for the project to be successful.

- The final progress report for awardees is estimated to be due July 20, 2018, 90 days after the end of the project period. Final progress reports for future rounds of awardees will also be due within 90 days after the end of the project period.

Federal Financial Report (FFR)

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Awardees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

In addition to submitting the quarterly FFR to PMS, Grantees must also provide the FFR to CMS, on a semi-annual basis, which includes, in addition to the PMS information, their expenditures and any program income generated. Expenditures and any program income generated should only be included on the semi-annually submitted FFR, as well as the final FFR. The final FFR is due within 90 calendar days of the project period end date. The last semi- annual FFR serves as the final FFR.

Additional information on financial reporting will be provided in the terms and conditions of award.

Federal Funding Accountability and Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109– 282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and Cooperative Agreement recipients must report information for each first-tier sub- award of $25,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at https://www.fsrs.gov/).

Payment Management Requirements

Awardees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the cooperative agreement.
Failure to submit the report may result in the inability to access Cooperative Agreement funds.

For assistance in setting up your PMS account, please contact the following:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: (877) 614-5533

VIII. AGENCY CONTACTS

1. Programmatic Content

CMS will provide technical assistance to potential applicants through a variety of mechanisms. Please check our website at
http://www.insurekidsnow.gov/professionals/index.html
for complete instructions on how to obtain answers to specific programmatic questions related to your application. In addition, CMS will post frequently asked questions and their corresponding answers on the same website.

2. Administrative Questions

Administrative questions about the Connecting Kids to Coverage Outreach and Enrollment Grants may be directed to: CMS_TA@grantreview.org.

CMS will hold two potential applicant teleconferences to provide an opportunity to ask questions about this announcement.

These will be held:

- Thursday, November 19th 3:00 pm to 4:00 pm EST by first dialing 1-877-267-1577, then follow the phone instructions and provide WebEx Meeting Number: 992 099 111
- Monday, November 30th 3:00 pm to 4:00 pm EST by first dialing 1-877-267-1577, then follow the phone instructions and provide WebEx Meeting Number: 998 168 839 Password: Meeting1 (Password is only necessary for November 30th call)

There are a limited number of these toll free phone lines available for each call, so please be sure to visit our website www.insurekidsnow.gov for all information regarding this announcement.

Please note - If clicking on any of the links in this announcement does not work, please cut and paste the web address directly into your browser and try again. If you still are having a problem after this step please contact us at CMS_TA@grantreview.org .

VI. APPENDICES

APPENDIX A: Outreach Activities to Consider

1. **School-Based Outreach: Engaging schools in outreach, enrollment and retention activities.** Schools are widely accepted as an important setting for conducting children's health coverage outreach and enrollment activities. Proposals may include efforts to develop and enhance systems to facilitate the identification of potentially eligible children (for example, through free and reduced-price school meals programs, data on emergency contact cards, or school registration cards) and offer families enrollment assistance. Proposals also may include efforts to engage principals, school athletic directors and coaches, school nurses, school-based health clinics, and school social workers and counselors in outreach and enrollment activities. Efforts may also reach out to assist eligible parents in obtaining health coverage, given that research shows that covering parents helps to enroll eligible children and makes it more likely that they will get needed preventive care.

2. **Bridging Health Coverage Disparities: Reaching out to subgroups of children that exhibit lower than average health coverage rates.** Proposals may include efforts to target particular subgroups of children for whom data show persistent disparities in health insurance coverage. Such groups may include Latino children, American Indian/Alaska Native children, children older than age 13, children living in rural areas, or other sub-groups, defined by the applicant and for which the need for specialized outreach and enrollment help is supported by available data. Activities may seek to address and mitigate language and literacy challenges, concerns about immigration status, health issues or other matters associated with a particular age group or population. Proposals should show how culturally competent or age-appropriate outreach approaches will be emphasized and may highlight specific partnerships with the education, faith, health provider, business or other communities that are aimed at enhancing enrollment and retention of the target population.

3. **Application Assistance: Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities.** Substantial efforts to simplify Medicaid and CHIP eligibility rules and enrollment procedures have helped to boost the enrollment of eligible children and adults in Medicaid and CHIP. The broad use of online applications and verification systems that preclude the need for applicants and beneficiaries to submit paper documentation are expected to remove even more barriers. Yet, even though the application process has been greatly simplified, many families still need help navigating the process and there still is a need for direct application assistance, either in-person or through other channels, especially for individuals who face language and literacy challenges or who need help that is accessible to people with disabilities. Ensuring that consumers have help from trusted sources will increase their confidence and make it more likely that they will apply for coverage easily and successfully. Connecting Kids to Coverage (Cycle IV) funding can be used to create application assistance resources or networks of application assistance centers within community-based organizations, community action agencies, local health departments, community health centers, schools,

or other appropriate venues. Grants can be used to build upon existing networks and enhance the knowledge, expertise and reach of application assistors. Application assistance centers may also provide ombudsman services to help consumers troubleshoot problems as they arise and help them understand and respond, if necessary, to eligibility decisions. Grantees must assure that organizations and individuals providing application assistance under the grant comply with any state or federal rules related to training, reporting and monitoring, and that they obtain any appropriate certification.

APPENDIX B: Sample Budget and Narrative Justifications

Detailed Budget and Expenditure Plan

All applicants must submit a Form SF-424A and Budget Narrative Attachment Form. To fill out the budget information requested on form SF-424A, review the general instructions provided for the SF-424A and follow the instructions outlined below. The Budget Narrative must include a yearly breakdown of costs for the entire project period. Specifically the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF 424A by year, including a breakdown of costs for each activity/cost within the line item. The Budget Narrative should reflect the organization's readiness to receive funding, providing complete explanations and justifications for the proposed cooperative agreement activities. The budget must separate out funding that is administered directly by the awardee from any funding that will be subcontracted.

For this cooperative agreement the application must include budgets for each year. Project proposals should include leveraging other funding resources, including private payers, foundations, and internal funding. Overhead and administrative costs must be reasonable, with a strong focus on operational implementation of the model. Budget and Expenditure Plans should include the cost of data collection, performance monitoring, and project expenditure reporting.

Form SF-424A Instructions

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter "Transforming Clinical Practices – Practice Transformation Networks" in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the 2-year project period. Column (1) = Enter the heading for this column as Year 1. Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (2) = Enter the heading for this column as Year 2 (as applicable). Enter Year 2 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).

- Column (3) = Enter the heading for this column as Year 3 (as applicable). Enter Year 3 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for all year 3 line items should be entered in column 3, row k (sum of row i and j).
- Column (4) = Enter the heading for this column as Year 4 (as applicable). Enter Year 4 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for all year 4 line items should be entered in column 3, row k (sum of row i and j).
- Column 6 = Enter total costs for all four years of the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items for the three years should be entered in row k (sum of row i and j). The total in column 6, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.

Allowable Costs

Allowable costs include (but are not limited to):

- Contractors to facilitate and support meeting program aims through learning and improvement activities built from the TCPI Change Package concepts and best practices (e.g., webinars, meetings, workgroups)
- Staff participation and travel to learning collaboratives and workshops and other learning and diffusion opportunities. All travel must include information as to who is traveling, where, flight or mileage, per diem, hotel, etc. Information as to how the travel is necessary to achieve the goals of the program must be included.
- Data collection and cost and utilization pattern analysis
- Performance measure development and evidence-based improvement.
- Business process analysis and requirement system analysis.

Detailed costs and breakdown for each SF 424A line item:

A. Personnel:

AN EMPLOYEE OF THE APPLYING AGENCY WHOSE WORK IS TIED TO THE APPLICATION
TABLE 1: FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director	John Doe	$150,000	10%	$15,000
Project Coordinator	To be selected	$50,000	100%	$50,000
			TOTAL	$65,000

NARRATIVE JUSTIFICATION: Enter a description of the Personnel funds requested and how their use will support the purpose and goals of this proposal. Be sure to describe the role, responsibilities and unique qualifications of each position. For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested.

Note: Consistent with Section 203 of the Consolidated Appropriations Act, 2012 (P.L.112-74) none of the funds appropriated in this law shall be used to pay the salary of an individual through a grant or other extramural mechanism, at a rate in excess of Executive Level II ($183,300/year).

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A for year 1): $65,000

B. Fringe Benefits

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. List all components of fringe benefits rate.

TABLE 2: FEDERAL REQUEST

Component	Rate	Wage	Cost
Workers Compensation	2.5%	$65,000	$1,625
Insurance	10.5%	$65,000	$6,825
		TOTAL	$8,450

NARRATIVE JUSTIFICATION: Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)**: $8,450**

C. Travel:

Explain need for all travel. The lowest available commercial fares for coach or equivalent accommodations must be used. Do not exceed GSA rates.

1. Elaborate and justify the necessity of the travel/training/conference.
2. For each occurrence, please provide the following:
   - o A copy of the agenda/training syllabus.
   - o Identify which staff will be traveling.

- How will this travel/conference/training impact the implementation of the program? Is it necessary to implement the award?
- Travel costs (mileage, flight, hotel, per diem), etc.

3. What evaluation mechanism will be used to determine the impact of this training/conference on the outcomes of the award? If approved, a conference summary is required 30 days after the meeting date. A summary should respond to the following questions:
   - As a result of this training/conference, the following impact was made on our project:
   - We anticipate these changes will affect our outcomes in the following ways (describe anticipated changes in the following areas):
   - The annual report should include follow-up information as to whether or not these changes were realized.

TABLE 3: FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Patient Visits	Neighboring areas of XXX	357 Mileage=	$.056 x 2 persons	$400
Training (name)	Chicago, IL	Airfare	$200/flight x 2 persons	$400
		Hotel	$140/night x 2 persons x 3 nights	$840
		Per Diem (meals)	$49/day x 2 persons x 4 days	$392
			TOTAL	$2,032

NARRATIVE JUSTIFICATION: Describe the purpose of travel and how costs were determined. See below CMS travel/conference guidelines.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A): **$2,032**

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more. If applicant agency defines "equipment" at lower rate, then follow the applying agency's policy.

TABLE 4: FEDERAL REQUEST

Item(s)	Rate	Cost
None		0
	TOTAL	

NARRATIVE JUSTIFICATION: Enter a description of the Equipment and how its purchase will support the purpose and goals of this proposal.

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF424A): **$ 0**

E. Supplies: Materials costing less than $5,000 per unit and often having one-time use.

TABLE 5: FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$50/mo. x 12 mo.	$600
Laptop Computer	$500 x 2	$1000
Printer	$300	$300
Cell Phones	$100 x 2	$200
Copies	8000 copies x .10/copy	$800
Computer update (if needed)		$477
	TOTAL	$3,977

NARRATIVE JUSTIFICATION: Enter a description of the Supplies requested and how their purchase will support the purpose and goals of this proposal. For all electronic and computing devices (laptops, tablets, cell phones, etc.) under the $5,000 threshold, a control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. This control system should include any information necessary to properly identify and locate the item. For example: serial # and physical location of laptops and tablets. Please list staff assignments and percent of effort for laptops, IPad, cell phones, etc.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A): **$3,977**

F. Consultant/Contractual Costs:

The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. Cooperative Agreement recipients must submit to HHS the required information establishing a third-party contract to perform program activities, a complete itemization of the costs should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. A consultant is a non-employee who provides advice and expertise in a specific program area. Hiring a consultant requires submission of consultant information to HHS.

Required Reporting Information for Consultant Hiring

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the grantee organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

Required Information for Contract Approval

All recipients must submit to HHS the following required information for establishing a third- party contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.

4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

TABLE 6: FEDERAL REQUEST

Name		**Cost**
1. To be selected	Environmental Strategy Consultation Rate is $150/day for 40 days = $6,000 Travel 175 miles @	$6,100
2. To be selected	Media 1.5 minute Public Service Announcement (PSA)	$3,000
3. To be selected	Evaluation Report	$4,000
4. To be selected	Training for Staff members Trainers: rate is $300/day for 4 days = $1,200 Materials: approx. $5/person X 25 people = $125 Room Rental = $75 Travel for Trainers = Flight $300/person X 2 people = $600	$2,400
5. To be selected	Data Analysis	$2,000
6. To be selected	Responsible Server Training Trainer: rate	$500
7. To be selected	Television advertising to run ads 5x/week x $50/ad X 52	$13,000
	TOTAL	$31,000

NARRATIVE JUSTIFICATION: Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those contracts already arranged, please provide the proposed categorical budgets.

For those subcontracts that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated and the type of contract (bid, sole source…etc.)

FEDERAL REQUEST (enter in Section B column 1 line 6f of form SF-424A): **$31,000**

G. Other: Expenses not covered in any of the previous budget categories

TABLE 7: FEDERAL REQUEST

Item	Rate	Cost
8. Rent	$500/mo x 12 mo.	$6,000
9. Telephone	$100/mo. x 12 mo.	$1,200
10. Student Surveys	$1/survey x 3000	$3,000
11. Brochures	.80/brochure X 1500 brochures	$1,200
12. Web Service	$100/mo x 12 mo	$1,200
	TOTAL	$12,600

NARRATIVE JUSTIFICATION: Explain the need for each item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit: i.e. cost/square foot and explain the use of each item requested.

FEDERAL REQUEST (enter in Section B column 1 line 6h of form SF-424A): **$12,600**

H. Total Direct Charges: Sum of Total Direct Costs

FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF-424A)

I. Indirect Charges: To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR Part 75 .414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is_____% and is computed on the following direct cost base of $_____.

Personnel $_____
Fringe $_____
Travel $_____
Supplies $_____
Other $_____

Total $_____ x___% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate (except for State, Local Government, and Indian Tribes), the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the "other" costs category and fully described and itemized as other direct costs.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

J. TOTALS: Sum of Total Direct Costs and Indirect Costs for Year 1

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A)

Program Income

Application must indicate whether program income is anticipated. If program income is anticipated, use the format below to reflect the amount and sources(s).

Budget Period:
Anticipated Amount:
Sources:

APPENDIX C: Application and Submission Information

Employer Identification Number

All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. All applicants under this announcement must have an Employer Identification Number/Taxpayer Identification Number (EIN/TIN) to apply. Please note that applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number)

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. A DUNS number must be provided in order to submit an application through the Government-wide electronic portal, www.Grants.gov. The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: http://fedgov.dnb.com/webform/displayHomePage.do or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM)* database (https://www.sam.gov/portal/public/SAM/) in order to be able to submit an application at http://www.grants.gov. In order to register, applicants must provide their DUNS and EIN numbers. Organizations and entities registered to apply for Federal grants through Grants.gov must be registered with SAM. In addition, each year organizations and entities must renew their registration with SAM. Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award under this program. Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Sub award Reporting System (FSRS) as a prime awardee user; awardees may make sub awards only to entities that have DUNS numbers.

Organizations must report executive compensation as part of the registration profile at https://www.sam.gov/portal/public/SAM/ by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended

by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). The Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady, who can be reached at divisionofgrantsmanagement@cms.hhs.gov.

*Applicants were previously required to register with the Central Contractor Registration. The CCR was a government-wide registry for organizations that sought to do business with the federal government. CCR collected, validated, stored, and disseminated data to support a variety of federal initiatives. This function is now fulfilled by SAM. SAM has integrated the CCR and will also incorporate 7 other Federal procurement systems into a new, streamlined system. If an applicant had an active record in CCR prior to the rollout of SAM, an active record would be available in SAM. However, more than a year has passed since the rollout of SAM, so entities must ensure its registration with CCR (through SAM) is still active prior to applying under this funding opportunity. An active registration in SAM is the responsibility of the applicant. Please consult the SAM website listed above for additional information.

Cost Sharing or Matching

Applicants that are able to secure commitments for matching funds from other sources are highly encouraged.

Continued Eligibility

CMS will announce awards for a 2 year project period but reserve the right to reduce the award in the second year for poor performance. To be considered in good performance, awardees must meet reporting and certification deadlines as specified in the grant notice of award terms and conditions to be eligible throughout the initial 12 month budget period and to remain eligible for a non-competing continuation award for subsequent budget periods. In addition, grantees would need to demonstrate strong performance during the previous funding cycle(s) before additional year funding is awarded. It is also possible that in subsequent funding cycles, grantees could receive decreased funding or their grant could be terminated due to poor performance.

Letter of Intent to Apply Required

Please note that applicants are required to submit a non-binding Notice of Intent by December 16, 2015 in order to apply. CMS reserves the right to consider an applicant ineligible without a timely Notice of Intent (NOI). Receipt of such NOI letters enables HHS to better plan for the application review process. The NOI to apply must be submitted electronically in any of the following formats: PDF, word doc, or the body of an email to CMS_TA@grantreview.org and should also be included with the application submitted through grants.gov.

Application Information

This FOA contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

Application Materials

Application materials will be available for download at http://www.grants.gov. Please note that HHS requires applications for all announcements to be submitted electronically through http://www.grants.gov. For assistance with http://www.grants.gov, contact support@grants.gov or 1-800-518-4726. At Grants.gov, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Specific instructions for applications submitted via http://www.grants.gov**:**

- You may access the electronic application for this project at http://www.grants.gov. You must search the downloadable application page by the CFDA number.
- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov because of the time needed to complete the required registration steps.
- The applicant must be registered in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so.
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in

multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.

- After you electronically submit your application, you will receive an acknowledgement from Grants.gov that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be accepted.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

Applications cannot be accepted through any email address. Full applications can only be accepted through http://www.grants.gov. Full applications cannot be received via paper mail, courier, or delivery service.

All grant applications must be submitted electronically and be received through http://www.grants.gov by 3:00 pm EST on the applicable due date. **Applications not successfully submitted to Grants.gov by the due date and time will not be eligible for review.** All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt.

Please be aware of the following:

1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.
2) If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
3) Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all State applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained with an application package, they can email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

APPENDIX D: Application Check-Off List Required Contents

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through Grants.gov, and formatting requirements followed, or your application will not be reviewed.**

For specific requirements and instructions on application package, forms, formatting, please see:

Section V, *Application Information*
Appendix C, *Application and Submission Information*
Appendix B, *Sample Budget and Narrative Justifications*

Forms

- ☐ SF 424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ Project Abstract Summary
- ☐ Notice of Intent to Apply

Application Kit

- ☐ Project Narrative Attachment Form
- ☐ Budget Narrative Attachment Form

APPENDIX E: Definitions of Frequently Used Terms

American Indian/Alaska Native (AI/AN)

1. A member of a Federally-recognized Indian tribe, band, or group;
2. An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et seq.; or,
3. A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

Child - an individual up to age 21 for Medicaid and an individual up to age 19 in CHIP.

Children's Health Insurance Program (CHIP) - program established and administered by a state, jointly funded with the federal government, to provide child health assistance to uninsured, low-income children through a separate child health program, a Medicaid expansion program, or a combination program as authorized under title XXI of the Social Security Act.

Coalition - a temporary alliance of distinct persons, parties or entities for common action.

Community health worker - an individual who promotes health or nutrition within the community in which the individual resides by:

1. serving as a liaison between communities and health care agencies;
2. providing guidance and social assistance to community residents;
3. enhancing community residents' ability to effectively communicate with health care providers;
4. providing culturally and linguistically appropriate health or nutrition education;
5. advocating for individual and community health or nutrition needs; and,
6. providing referral and follow-up services.

Cooperative Agreement – Government financial assistance that provides support to the recipient in order to accomplish a public purpose. The cooperative agreement differs from a grant in that in addition to the financial assistance the government is significantly more involved in the program purpose most often through the provision of technical assistance to the awardee in order to achieve the stated purpose of award.

Federal fiscal year (FFY) - starts on the first day of October each year and ends on the last day of the following September.

Federal health safety net organization

1. a federally-qualified health center (as defined in Section 1905(l)(2)(B) [42 U.S.C. Section1396d(l)(2)(B)]); a hospital defined as a disproportionate share hospital for purposes of Section 1923 [42 U.S.C. Section1396r-4];

2. a covered entity described in Section 340B(a)(4) of the Public Health Service Act (31 U.S.C. 256b(a)(4)); and
3. any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act [42 U.S.C. Section1751 et seq.], and an elementary or secondary school.

Indian, Indian tribe, tribal organization, and urban Indian organization – as defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

Medicaid program - means the program established under title XIX of the Social Security Act (42 U.S.C. 139aa et seq.)

Memorandum of Understanding (MOU) - an instrument used when organizations/agencies enter into a joint project in which they each contribute their own resources; in which the scope of work is very broad and not specific to any one project; or in which there is no exchange of goods or services between the participating agencies.

Provider - an individual who provides health services to a health care consumer within the scope of practice for which the individual is licensed or certified to practice as governed by State law. An entity, such as a hospital or a pharmacy, which is duly-licensed pursuant to State law, is also characterized or classified as a provider.

Qualified entity - an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, and that –

1. furnishes health care items and services covered under the approved plan and are eligible to receive payments under the approved plan;
2. is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act;
3. is authorized to determine eligibility of a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990;
4. is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under Section 17 of the Child Nutrition Act of 1966;
5. is authorized to determine eligibility of a child or pregnant woman for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the Children's Health Insurance Program;
6. is an elementary or secondary school, as defined in Section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801);
7. is an elementary or secondary school operated or supported by the Bureau of Indian Affairs;

8. is a State or Tribal child support enforcement agency;
9. is an organization that –
    a. provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act;
    b. is a State or Tribal office or entity involved in enrollment in the program under this title, Part A of title IV, or title XXI; or
    c. determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under Section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.); and
10. any other entity the State so deems, as approved by the Secretary.

School-based health center -

(A) In general. The term "school-based health center" means a health clinic that—
    a. is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
    b. is organized through school, community, and health provider relationships;
    c. is administered by a sponsoring facility;
    d. provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
    e. satisfies such other requirements as a State may establish for the operation of such a clinic.

(B) Sponsoring facility. For purposes of subparagraph (A) (iii), the term "sponsoring facility" includes any of the following:
    a. a hospital.
    b. a public health department.
    c. a community health center.
    d. a nonprofit health care agency.
    e. a school or school system.
    f. a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Separate child health program - means a program under which a State receives Federal funding from its title XXI allotment to provide child health assistance through obtaining coverage that meets the requirements of Section 2103 of the Act and 42 C.F.R. Section457.402.

State - means all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

Teen - means an individual from the age of 13 through the age of 19 years old.

APPENDIX F: Notice of Intent to Apply

Please complete by December 16, 2015, and e-mail to CMS_TA@grantreview.org with Notice of Intent to Apply in the subject line and the following items in the body of the email:

1. Name of State:

2. Applicant Agency/Organization:

3. Contact Name and Title:

4. Address:

5. Phone:

6. Fax:

7. E-mail address:

APPENDIX G: 504 Compliance

CMS and its grantees are responsible for complying with federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The grantee may receive a request from a beneficiary or member of the public for materials in accessible formats. All successful applicants under this announcement must comply with the following reporting and review activities regarding accessible format requests:

Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: http://www.medicare.gov/aboutus/nondiscrimination/nondiscrimination-notice.html. Your notice shall be crafted applicable to your program.

2. Processing Requests Made by Individuals with Disabilities:

    a. Documents:
        i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
            1. Consider/evaluate the request according to civil rights laws.
            2. Acknowledge receipt of the request and explain your process within **2** business days.
            3. Establish a mechanism to provide the request.
        ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
            1. The e-mail title shall read "Grantee (Organization) Alternate Format Document Request."
            2. The body of the e–mail shall include:
                a. Requester's name, phone number, e-mail, and mailing address.
                b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
                c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
                d. The document that needs to be put into an accessible format shall be attached to the e-mail.
                e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an accessibility service (e.g., sign language interpreter) from a beneficiary or member of the public, you must:
   1. Consider/evaluate the request according to civil rights laws.
   2. Acknowledge receipt of the request and explain your process within **2** business days.
   3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
   1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
   2. The body of the e–mail shall include:
      a. Requester's name, phone number, e-mail, and mailing address.
      b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
      c. The date, time, address and duration of the needed service.
      d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
      e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
      f. Any applicable documents shall be attached to the e-mail.
      g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

a. Documents:

i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:
   1. Consider/evaluate the request according to civil rights laws.
   2. Acknowledge receipt of the request and explain your process within **2** business days.
   3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and

resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Alternate Language Document Request."
2. The body of the e–mail shall include:
   a. Requester's name, phone number, e-mail, and mailing address.
   b. The language requested.
   c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
   d. The document that needs to be translated shall be attached to the e-mail.
   e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
2. The body of the e–mail shall include:
   a. Requester's name, phone number, e-mail, and mailing address.
   b. The language requested.
   c. The date, time, address and duration of the needed service.
   d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
   e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
   f. Any applicable documents shall be attached to the e-mail.
   g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.