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

Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements

Notice of Funding Opportunity Type: New

Funding Opportunity Award Type: Cooperative Agreement

Notice of Funding Opportunity Number: CMS-2Y2-22-001

Federal Assistance Listings Number (CFDA): 93.767

Notice of Funding Opportunity Posting Date: January 27, 2022

Applicable Dates:

Letter of Intent to Apply Due Date:	N/A
Electronic Application Due Date:	March 28, 2022, 3:00 pm Eastern Standard Time
Anticipated Issuance Notice(s) of Award:	July 1, 2022
Anticipated Period of Performance:	July 1, 2022 – June 30, 2025

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Executive Summary

The Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements program provides funding opportunities to reduce the number of children who are eligible for, but not enrolled in, Medicaid and the Children's Health Insurance Program (CHIP), and to improve retention of eligible children who are enrolled in the programs. This program is authorized under Section 2113 of the Social Security Act, as amended by Section 3004(a) of the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (referred to as the HEALTHY KIDS Act and included in Pub. L. 115-120). Section 50103 of the Advancing Chronic Care, Extenders, and Social Services Act (referred to as the ACCESS Act and included in Pub. L. 115-123) further extended the program, providing funding for future cooperative agreement awards.

Item	Description
HHS Awarding Agency	Centers for Medicare & Medicaid Services (CMS)
CMS Awarding Center	Center for Medicaid & CHIP Services (CMCS)
Notice of Funding Opportunity Title	Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements
Authorization	Section 3004(a) of the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (referred to as the HEALTHY KIDS Act and included in Pub. L. 115-120)
Federal Assistance Listings Number	93.767
Funding Opportunity Type	Cooperative Agreement
Funding Opportunity Number	CMS-2Y2-22-001
Type of Award	New
Type of Competition	Competitive - Open to All Eligible Applicants as described in Section 2113(f)(1) of the Social Security Act

Letter of Intent	N/A
Application Due Date and Time	March 28, 2022 by 3:00 pm EST (Baltimore, MD)
Anticipated Issuance Notice(s) of Award	July 1, 2022
Period of Performance Start Date	July 1, 2022
Period of Performance End Date	June 30, 2025
Anticipated Total Available Funding	$49,400,000 (pending availability of funds)
Estimated Maximum Award Amount	$1,500,000
Estimated Maximum Number of Awardees	36

A. Program Description

This Notice of Funding Opportunity (NOFO) seeks applications for the **Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreement** grant funding (HEALTHY KIDS 2022 Cooperative Agreements). These HEALTHY KIDS 2022 Cooperative Agreements will support outreach strategies similar to those conducted in previous Connecting Kids to Coverage (CKC) grant cycles, and will require participation in key outreach initiatives coordinated by the CKC National Campaign (the National Campaign). The National Campaign, led by CMS, provides outreach training and support for grantees and other partners who are working to help enroll eligible children in Medicaid and CHIP.

A1. Purpose

The HEALTHY KIDS Act provides $120 million for activities aimed at reducing the number of children who are eligible for, but not enrolled in, Medicaid and CHIP, and improving retention of enrolled children. Of the total $120 million in funding, 10 percent is allocated for outreach to American Indian/Alaska Native (AI/AN) children, 10 percent is allocated for the National Campaign, and the remainder is allocated for outreach and enrollment of uninsured children and their parents. We have awarded $54 million in HEALTHY KIDS Act funding through two rounds of funding to eligible organizations: $48 million in 2019 for outreach and

enrollment grants targeting all uninsured children and their parents; and $6 million in 2020 for outreach and enrollment grants targeting AI/AN children and their parents.[1]

This specific NOFO makes available up to an additional $49.4 million (pending availability of funds) in HEALTHY KIDS Act funding to states, local governments, Indian tribes, tribal consortium, urban Indian organizations receiving funds under Title V of the Indian Health Care Improvement Act, federal health safety net organizations, community-based organizations, faith-based organizations, and schools. The list of eligible entities is located in section C1. *Eligible Applicants*, of this NOFO.

The HEALTHY KIDS Act funding for outreach and enrollment grants will build upon successful strategies facilitated by previous CKC grant funding initiatives under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3), the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148), and the Medicare Access and CHIP Reauthorization Act (MACRA) (Pub. L. 114-10). To date, CHIPRA, the ACA, MACRA, and the HEALTHY KIDS Act provided the Centers for Medicare and Medicaid Services (CMS) with funding to award $216 million to eligible entities to support the enrollment and retention of eligible children in Medicaid and CHIP. This funding has been disbursed through five cycles of grants that were broadly targeted to eligible but unenrolled children, and four rounds of grants that were specifically targeted to AI/AN children.

Since 2009, enrollment grants have been awarded to over 294 community-based organizations, states, and local governments. Community-based organization awardees have included health care providers, schools, tribal organizations, faith-based organizations, and other types of nonprofits. Community-based organizations typically have access to and credibility with low-income families in their communities, making them indispensable partners for carrying out specialized strategies to target the hard-to-reach children who remain uninsured. State and local government agencies also play a critical role in helping to identify and enroll children. They are in a strong position to partner with other local and state-run health and human services programs and agencies such as Supplemental Nutrition Assistance Program (SNAP), child care agencies, and Women, Infants, and Children (WIC) to identify uninsured children and enroll them in coverage.

Past recipients have implemented a variety of outreach and enrollment strategies aimed at educating families about the availability of Medicaid and CHIP, identifying children likely to be eligible for these programs, and directly assisting families with the application and renewal process. For example, during the COVID-19 public health emergency (PHE), recipients used virtual outreach and enrollment strategies to provide one-on-one direct assistance to families, and worked closely with partners, often leveraging partners' services and social media platforms and websites, community relationships, and other resources to reach more children and families. Recipients also participated in key initiatives coordinated by the National Campaign, such as back-to-school outreach efforts, annual Marketplace open enrollment, and PHE special initiatives focusing on highlighting Medicaid and CHIP's coverage of mental and behavioral health services and encouraging families to catch up on missed care and vaccinations.[2]

[1] https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html
[2] https://www.insurekidsnow.gov/initiatives/index.html

Since 2016, applicants have been encouraged to include parents in outreach and enrollment efforts because a large body of research suggests this is effective in increasing children's enrollment and access to care.

In this NOFO, we add pregnant individuals as an optional target population. Expanding to include this population will directly lead to increasing the enrollment of eligible children in Medicaid and CHIP because generally the infants born to individuals who are enrolled in these programs at the time of the birth are automatically deemed eligible for Medicaid or CHIP for one year, without an application or further determination of eligibility. In addition, increasing enrollment of eligible pregnant individuals in Medicaid and CHIP promotes improved maternal and infant health outcomes.[3]

A2. Authority

The HEALTHY KIDS Act provides funding for grants through federal fiscal year (FFY) 2023 per Section 3004(a) of the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (referred to as the HEALTHY KIDS Act and included in Pub. L. 115-120). The ACCESS Act subsequently extended funding for an additional four years through FFY 2027 in Section 50103 of the Advancing Chronic Care, Extenders, and Social Services Act (referred to as the ACCESS Act and included in Pub. L. 115-123).

A3. Background

Since 2009, the nation has made substantial progress on reducing the number of uninsured children and enrolling eligible children in Medicaid and CHIP largely as a result of CHIPRA and the ACA. Eligibility expansions, and streamlining verification, enrollment and renewal policies and procedures have helped to promote the coverage and retention of eligible individuals in Medicaid and CHIP. In 2016, 93.7 percent of eligible children were enrolled in Medicaid or CHIP nationwide, the highest rate observed since researchers began tracking participation in 2008.[4]

However, a recent analysis of Medicaid and CHIP enrollment data found that while the rate of uninsured children fell to an all-time low of 4.3 percent in 2016, the uninsured rate increased to 5.2 percent in 2019[5]. This is an increase from 3.4 million uninsured children in 2016 to 4.0 million uninsured children in 2019.

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[3] https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf

[4] Haley, Jennifer, Genevieve M. Kenney, Robin Wang, Clare Pan, Victoria Lynch, and Matthew Buettgens. "Uninsurance and Medicaid/CHIP Participation Among Children and Parents: Variation in 2016 and Recent Trends." Washington, DC: Urban Institute, September 2018. Available https://www.urban.org/sites/default/files/publication/99058/uninsurance_and_medicaidchip_participation_among_children_and_parents_updated_1.pdf. Accessed May 18, 2021.

[5] https://www.urban.org/research/publication/uninsurance-rose-among-children-and-parents-2019/view/full_report.

In addition to the increase in the percentage of uninsured children, Medicaid and CHIP participation rates have declined, indicating that a greater proportion of eligible children are not accessing the health benefits that Medicaid and CHIP provide. The Urban Institute, which tracks Medicaid and CHIP participation rates, found that participation in Medicaid and CHIP decreased from 2016 to 2019, after a long trend of participation rate increases. This means that a smaller percentage of eligible children were enrolled in Medicaid and CHIP in 2019 compared to 2016. In 2019, 91.9 percent of eligible children were enrolled in Medicaid and CHIP, compared to 93.4 percent in 2016. The researchers noted that in particular, the drop in participation from 2018 to 2019 was the largest annual drop in Medicaid and CHIP participation since the American Community Survey started collecting health care coverage data.

The Urban Institute analysis shows that there are approximately 4.0 million children that remain uninsured, with significant coverage disparities across demographic and socioeconomic groups. For example, among those uninsured, an estimated 2.3 million children are eligible for Medicaid and CHIP. AI/AN children continue to experience the highest uninsured rate at 11.8 percent, followed by Hispanic children with a rate of 11.4 percent uninsured and Black/non-Hispanic children with a rate of 5.9 percent uninsured. The Urban Institute analysis shows that more than a third of Medicaid and CHIP-eligible uninsured children in 2019 lived in just three large states: Texas, California and Florida. Half of eligible but unenrolled children lived in just seven states, with Georgia, Illinois, Indiana, and Arizona rounding out the list of states with a high number of such children.[6] These data demonstrate there is more that needs to be done to ensure that children have the health coverage they need and to remain covered, and that disparities in uninsurance are addressed.

As a result of the COVID-19 PHE, Medicaid and CHIP enrollment steadily increased during the latter half of 2020 to record highs in 2021. In June 2021, Medicaid and CHIP enrollment totaled 83.2 million individuals, including over 39 million children.[7] That is more than 1 in every 2 children in America and represents approximately 48.3 percent of total Medicaid and CHIP enrollment. These enrollment statistics highlight the essential role that Medicaid and CHIP programs play in providing quality and needed coverage for millions of vulnerable children.

The increase in enrollment is largely attributed to the COVID-19 economic crisis and the enactment of section 6008 of the Families First Coronavirus Response Act (FFCRA), which makes available to states a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) bump that includes a requirement to maintain Medicaid enrollment. In order to receive the temporary FMAP increase, states must generally provide continuous enrollment, through the end of the month in which the public health emergency period ends, to all Medicaid beneficiaries who were validly enrolled in Medicaid on or after March 18, 2020, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination. Further, to assist states and territories in their response to COVID-19, CMS

[6] https://www.urban.org/research/publication/uninsurance-rose-among-children-and-parents-2019/view/full_report.
[7] https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html

developed numerous strategies to support Medicaid and CHIP operations and enrollees in times of crisis, including granting states more flexibility in their Medicaid and CHIP operations. Given the importance of Medicaid and CHIP coverage during a PHE, many of these flexibilities and policy options expedite enrollment and further retention (i.e., presumptive eligibility, continuous eligibility, waiving premiums and cost sharing, using regulatory authority to apply exceptions to the timeliness standards for application and renewal processing, etc.).[8]

As states start to prepare and eventually transition back to normal operations when the PHE ends, ensuring that eligible children retain Medicaid and CHIP coverage is critical. Due to disruptions to state operations during the COVID-19 PHE and the continuous enrollment requirement under section 6008 of the FFCRA, states will be faced with a large number of eligibility and enrollment actions (including renewals, redeterminations, and post-enrollment verifications), which they will need to complete after the PHE ends. CMS has issued guidance to states regarding how to address the large volume of pending eligibility and enrollment actions they will need to take after the PHE ends and how to minimize beneficiary burden.[9] States are reminded about federal requirements and expectations codified in existing regulations at 42 C.F.R. §435.916 and §457.343 for completing Medicaid and CHIP redeterminations that are intended to ease administrative burden by using a data-driven redetermination process to limit requests for information needed to determine eligibility, ensure beneficiary eligibility is assessed on all bases before determining an individual is ineligible, promote seamless transitions of coverage, and minimize the churn of beneficiaries on and off Medicaid and CHIP coverage for procedural reasons.[10] Nevertheless, resuming to normal operations when the PHE ends is likely to be labor-intensive and it will be essential for states and other stakeholders to work in partnership to conduct outreach and provide assistance to beneficiaries needing to renew coverage and to applicants that may have been inappropriately terminated and need help to re-apply.

Since 2009, CKC recipients have played an essential role in providing enrollment and renewal assistance to applicants and beneficiaries. This is because families and individuals seek such help from organizations (i.e., health care providers, their child's school, familiar community-based organizations, and faith-based groups) they know and trust to navigate these processes. In addition, state and local government agencies, also eligible entities under this funding opportunity, play a critical role in helping to identify, enroll, and retain eligible children. Government agencies are in a strong position to partner with other local and state-run health and human service programs and agencies such as SNAP, child care, and WIC to identify uninsured children and enroll them in coverage. Government agencies also have relationships with local communities that can be leveraged to support outreach and enrollment efforts.

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[8] A full list of the flexibilities CMS made available to help states and territories in their response to the COVID-19 PHE is available at: https://www.medicaid.gov/state-resource-center/downloads/strategies-for-covrg-of-indiv.pdf

[9] See SHO # 21-002. Updated Guidance Related to Planning for Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency. Available at: https://www.medicaid.gov/sites/default/files/2021-08/sho-21-002.pdf.
See SHO # 20-004. Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency. Section III. P. 9; Section IV., pp 14 -15; Appendix B: Table B-1, p. 40. Available at: https://www.medicaid.gov/sites/default/files/2020-12/sho20004.pdf

[10] https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf

Thus, the services of CKC recipients remain fundamental to enrolling and retaining eligible children in Medicaid and CHIP, and targeting the hardest to reach uninsured children to reduce coverage disparities. Given the increased need for consumer assistance with applying and especially renewing coverage post-PHE, CKC recipients will play a critical role in minimizing coverage gaps, and consistent with a 2021 Executive Order on Strengthening Medicaid and the Affordable Care Act, supporting the overarching goal to make healthcare accessible and affordable for every American.[11]

A4. Program Requirements

Planning Period

All awardees will be given a 90-day planning period to ensure that needed project leadership is engaged and the identified employees are fully trained and available to work on the cooperative agreement. CMS will allow recipients to use grant funds to employ individuals and begin operations during this time.

CMS may waive or reduce the 90-day planning period if the awardee's outreach and enrollment efforts, as specified in this funding opportunity, and as detailed in the recipient's approved application, are well established with all project leadership, staffing, and support already in place.

Special Considerations for Applicants that Represent Collaborative Efforts

Applicants that are collaboratives, and will use the strengths of each participating group, should identify all member organizations and the roles and responsibilities of each under the cooperative agreement. Proposals must designate a lead agency or organization that will serve as the recipient organization. Proposals from collaboratives will be considered on their strengths and merits in the same manner as proposals from individual states or other entities. Proposals must include a Letter of Commitment from the director (or other responsible person) of each organization participating in the collaborative as a subrecipient. The letter must 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 must provide information about past joint endeavors.

Please see Appendix IX. Definitions of Frequently Used Terms for definitions on recipient, subrecipient, and subaward. Recipient should also review 45 CFR 75.351 *Subrecipient and Contractor determinations* (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.351) to ensure recipient accurately classifies the type of relationship between the recipient and each organization participating in the collaborative as well as

[11] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/executive-order-on-strengthening-medicaid-and-the-affordable-care-act/?_hsmi=117826243&_hsenc=p2ANqtz-nIzZgS3k9TdAOcodfoMwCEvTjOAouqqYahqRn0R1VSiS3DHFwkf4jMo5I63ypj6u35JfQjj98yGtXYvlLw0mIEzDa8w

45 CFR 75.352 *Requirements for pass-through entities* (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.352) for requirements in issuing subawards to these organizations.

Project Activities

Cooperative Agreements will fund activities/strategies aimed at educating families about 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, including parents and pregnant individuals, to apply for coverage. Funds will also support efforts to assist families with the annual renewal process.

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

- Engaging schools and other programs serving young people in outreach, enrollment and retention activities;
- Bridging racial and demographic health coverage disparities by targeting subgroups of children with lower than average health coverage rates (e.g. adolescents, Latino, AI/AN or children in rural areas);
- Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities;
- Using social media to conduct virtual outreach and enrollment assistance; and
- Using parent mentors and community health workers to assist families with enrolling in Medicaid and CHIP, retaining coverage and finding resources for addressing social determinants of health.

Recipients will be required to participate in National Campaign activities and adopt strategies promoted by the National Campaign. The National Campaign provides a full range of outreach and enrollment materials including customizable posters and flyers, social media messaging, as well as radio and TV public service announcements, videos featuring successful outreach strategies, and outreach strategy and social media guides for award recipients, states, and stakeholders that suggest effective ways to use the materials. Most materials are available in English and Spanish, and some are available in other languages as well. The National Campaign regularly conducts training webinars on key outreach and enrollment topics and also augments media outreach in selected target markets. We especially encourage applicants to reference "Outreach and Enrollment Fundamentals: How Can My Organization Connect Children to Coverage? A Guide to Fundamentals and Promising Practices." All materials produced by the National Campaign, including recordings of all past webinars along with information about previous recipients, are available at https://www.insurekidsnow.gov/.

At a minimum, recipients are expected to work with the National Campaign on the Back-to-School Initiative,[12] the Year-Round Enrollment Initiative,[13] and any new initiatives focused

[12] https://www.insurekidsnow.gov/initiatives/back-school-school-based-outreach/index.html
[13] https://www.insurekidsnow.gov/initiatives/year-round-enrollment/index.html

on retaining eligible individuals in Medicaid and CHIP as states resume conducting renewals after the end of the PHE. These initiatives are designed to capitalize on key opportunities for outreach that are expected to be particularly productive to promoting enrollment and retention in Medicaid and CHIP. The Back-to-School Initiative is critical for promoting enrollment and retention in Medicaid and CHIP because health coverage is top of mind for families as students are typically required to have check-ups and immunizations to enroll, go back to school, and participate in after school activities and sports. The Year-Round Initiative will take place after the annual Marketplace open enrollment period ends and will feature the Medicaid/CHIP year-round application and enrollment messaging. This is critical as people can enroll in Medicaid and CHIP at any time and are not limited to an open enrollment period. Activities funded under this cooperative agreement must include messaging to remind families that they can apply for Medicaid and CHIP year-round. In addition, recipients are required to participate in National Campaign activities related to retaining eligible individuals in Medicaid and CHIP. As states resume conducting renewals after the end of the PHE, there will be a greater need for consumer assistance to help ensure continuity of coverage and prevent inappropriate terminations of coverage. Recipients will play a vital role communicating to beneficiaries, encouraging them to update their contact information with the state to ensure receipt of renewal notices, and providing renewal assistance.

The National Campaign will make outreach materials available to recipients that can be customized for local use. It will also host training webinars to help guide recipients and others who will be conducting activities locally. Recipients 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 National Campaign during these critical initiatives.

All applicants should take these additional factors into consideration when designing proposals:

- The most effective outreach efforts link families to direct (one-on-one) enrollment and renewal support.
- Providing assistance with online applications and providing renewal support in-person or virtually can make enrollment and retention more efficient, effective, and consumer-friendly.
- The use of social media to conduct outreach and enroll eligible children and families in Medicaid and CHIP.
- While the emphasis of the HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements remains 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.[14] Appropriate messaging and strategies that help enroll eligible parents can also facilitate the enrollment of eligible children. Thirty-nine states and the District of Columbia have expanded their Medicaid programs to

[14] Hudson, Julie, Asako Moriya, "Medicaid Expansion for Adults Had Measureable 'Welcome Mat' Effects on Their Children," Health Affairs, 36 no. 9 (September 2017), https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347

cover more low-income adults.[15] This provides an important opportunity to take a two-generation approach, helping parents apply for coverage as a means to getting more eligible children enrolled and improving the health and financial security of the family.

- With this NOFO, we are encouraging applicants to include pregnant individuals as a target population. Infants born to pregnant individuals in Medicaid and CHIP are required to be automatically deemed eligible for Medicaid or CHIP, without an application or further determination of eligibility. Therefore, enrolling pregnant individuals facilitates enrollment of newborn children.
- In past cycles, a number of CKC recipients have also been Navigators, or coordinated closely with Navigators to ensure that a holistic approach is taken to provide coverage to all eligible members in a family.[16] We continue to welcome applicants that are Navigators or coordinate closely with Navigators.
- Families often seek health insurance for their children at times when they are most attuned to needing health services, such as when the children are sick or injured, need physical exams to enroll in school or summer programs, or need routine preventive care, including immunizations, dental, vision and hearing tests, asthma and allergy screenings, or are in search of essential mental and behavioral health services. 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.
- States and local government agencies play key roles in helping to identify and enroll children. They can partner with other local and state health and human service programs and agencies such as SNAP, child care agencies, Head Start, and WIC to identify uninsured children and enroll them in coverage because of their relationships with local communities that can be leveraged to support outreach and enrollment efforts.
- Applicants that are not health care providers or state and local governments may wish to consider partnering with one or more of these entities.
- Parents who have at least one Medicaid or CHIP-enrolled child can serve as mentors to parents of uninsured children during the application and renewal process. Parent mentors educate families with uninsured children about health insurance coverage, and assist with completing and submitting applications for health insurance coverage. They can also provide guidance on identifying medical and dental homes and community pharmacies for children, provide assistance and referrals to successfully address social determinants of children's health, and act as a liaison between the families and the state. One study showed that the use of parent mentors was more effective than traditional methods in insuring children,

[15] For information on adult expansion states: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/; Information on state eligibility levels can also be found at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

[16] A Navigator is an individual or organization that's trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Exchange, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased and their services are free to consumers.

achieving faster coverage, and renewing coverage.[17] Applicant organizations may wish to work with parent mentors as a strategy to increase the participation of eligible, particularly hard-to-reach, children in Medicaid and CHIP (Please see Appendix VIII for more information).

Data and Reporting Requirements

Recipients will be required to collect and report to CMS, data related to their goals and accomplishments for this funding opportunity. Such data will demonstrate the outcomes that result directly from this funding opportunity, and will also be used to help evaluate the success of outreach and enrollment strategies and identify areas that need improvement or mid-course corrections. All recipients will be responsible for collecting and reporting particular data elements (presented below). In addition, applicants may identify additional metrics that could be used to evaluate the efforts of the recipient's work. All required data must be reported to CMS by adhering to a detailed data dictionary and uploading the required data to a web-based portal provided by CMS. Recipients will be provided with reporting tools for the submission of all required data and reporting elements. Recipients may also report additional data that illustrates their progress in increasing the participation of eligible children in Medicaid and CHIP.

The required data that all recipients must report on a monthly basis include:

- Number of children for whom an application for health coverage has been submitted
- Number of children verified to be newly enrolled in Medicaid or CHIP
- Number of children denied new enrollment in Medicaid or CHIP
- Number of children for whom the recipient submitted a renewal form for Medicaid or CHIP coverage
- Number of children verified to be renewed in Medicaid or CHIP Number of children denied renewal coverage in Medicaid or CHIP
- The outreach and enrollment activities completed during the month

The following data must be reported on a monthly basis only if the applicant proposes to target parents with CKC funds:

- Number of parents for whom an application for health coverage has been submitted
- Number of parents verified to be newly enrolled in Medicaid
- Number of parents denied new enrollment in Medicaid
- Number of parents for whom the recipient submitted a renewal form for Medicaid coverage
- Number of parents verified to be renewed in Medicaid
- Number of parents denied renewal coverage in Medicaid

The following data must be reported on a monthly basis only if the applicant proposes to target pregnant individuals with CKC funds:

- Number of pregnant individuals for whom an application for health coverage has

[17] Flores G., Lin H., Walker C, et al. Parent Mentors and Insuring Uninsured Children: A Randomized Controlled Trial. Pediatrics. 2016; 137(4): e 0153519; Flores G., Lin H., Walker C, et al. Parent Mentoring Program Increases Coverage Rates for Uninsured Latino Children. Health Affairs. 2018; 37(3); 403–412.

been submitted
- Number of pregnant individuals verified to be newly enrolled in Medicaid or CHIP
- Number of pregnant individuals denied new enrollment in Medicaid or CHIP
- Number of pregnant individuals for whom the recipient submitted a renewal form for Medicaid or CHIP coverage
- Number of pregnant individuals verified to be renewed in Medicaid or CHIP
- Number of pregnant individuals denied renewal coverage in Medicaid or CHIP

CMS may require the reporting of additional data elements over the course of the cooperative agreement in order to fully assess recipient performance.

Recipients will be required to verify which children and proposed targeted populations are enrolled, renewed, and denied coverage as a result of CKC funding. To the extent possible, the best way to verify new enrollments, successful renewals and denials is with the state or county Medicaid and/or CHIP agencies. This would typically require the establishment of a detailed Memorandum of Understanding (MOU) or other data-sharing agreement between the recipient and the relevant state or county Medicaid/CHIP agencies that allows recipients to submit detailed identifying information about the people they have assisted and receive verifications in response. Non-state applicants must describe their plans to 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.

CMS recognizes that it may not always be possible to obtain data from state or county sources. Therefore, all non-state applicants must also describe alternative methods for verifying new enrollments and renewals that do not depend on cooperation by state or county agencies and that can be implemented with the requested funding. If the recipient does not obtain an MOU, or create and implement a well-designed and effective alternative data methodology within 120 days from the date of the award, CMS may terminate the award for failing to have a process in place to collect and report the required data elements.

Please note, all applications, enrollments, renewals and denials reported should be directly attributable to this cooperative agreement. For example, if a HEALTHY KIDS 2022 recipient is also a Navigator grant recipient under the Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges, only enrollment and renewal data directly attributed to CKC HEALTHY KIDS 2022 funding should be reported.

A5. Technical Assistance and Information for Prospective Applicants

Prior to the application deadline, CMS will host two webinars to provide details about the HEALTHY KIDS 2022 program to answer questions from potential applicants regarding this funding opportunity. Information about the webinars will be posted on the InsureKidsNow website at https://www.insurekidsnow.gov/.

B. Federal Award Information

B1. Total Funding

The total funding amount of federal funds available is anticipated to be $49,400,000 pending availability of funds. Cooperative agreements will be awarded with consideration to the overall quality of the proposal and the ability to meet project goals. The amount of funding for each cooperative agreement award will depend on the individual recipient's need as demonstrated in its application submitted in response to this NOFO.

B2. Award Amount

The amount of each cooperative agreement award made to eligible applicants may range from $500,000 up to an anticipated $1,500,000 (pending availability of funds) over a three-year period with the award amount commensurate with enrollment and renewal targets. Individual awards will not exceed $1,500,000. Recipients will participate in HK 2022 for 3 years and will consist of three 12-month budgets. Estimated budgets for all three budget years must be provided as instructed in Appendix I. Guidance for Preparing a Budget Request and Narrative.

Note: If the estimated number of eligible applicants (36) receive a cooperative agreement award and request the anticipated maximum award amount of $1,500,000, CMS may reduce the award amount in accordance with the estimated maximum funding amount available for all applicants.

B3. Anticipated Award Dates

The anticipated award issuance date for these awards is July 1, 2022.

B4. Period of Performance

The Period of Performance for each cooperative agreement awarded will be three years from the date of award. The estimated project period is July 1, 2022 – June 30, 2025. The grant period will consist of three 12-month budget periods.

- First 12-month budget period: July 1, 2022 to June 30, 2023
- Second 12-month budget period: July 1, 2023 to June 30, 2024
- Third 12-month budget period: July 1, 2024 to June 30, 2025

B5. Number of Awards

The maximum number of awards is anticipated to be 36. The actual number of awards will depend upon the number and quality of applications.

B6. Type of Award

The type of award issued under this NOFO is a cooperative agreement. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed. A cooperative agreement differs from a grant in that it provides for substantial involvement between the federal awarding agency and the non-federal entity in carrying out the activity contemplated by the federal award. Therefore, statutes, regulations, policies, that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise. References throughout this NOFO to grants also apply to cooperative agreements unless this NOFO states otherwise. Please refer to section F4. Cooperative Agreement Terms and Conditions of Award for more information about cooperative agreements.

B7. Type of Competition

This will be a competitive Funding Opportunity and is open to all eligible applicants in Section C1. *Eligible Applicants*.

C. Eligibility Information

C1. Eligible Applicants

Government Organizations

- [x] State governments
- [x] County governments
- [x] City of Township governments
- [ ] Special District governments
- [x] Native American tribal governments (Federally recognized)
- [x] Native American tribal organizations (other than federally recognized tribal governments)

Education Organizations

- [x] Independent School Districts
- [x] Public and State Controlled Institutions of Higher Education

Private institutions of higher education

Public Housing Organizations

- [ ] Public housing authorities
- [ ] Indian housing authorities

Nonprofit Organizations

- [x] Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- [x] Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education

☐ For-profit Businesses (organizations other than small businesses)
☐ Small Businesses
☐ Individuals
☑ Others
☐ Unrestricted

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

a. A state with an approved child health plan under Title XXI.

a. A local government;
b. 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;
c. A federal health safety net organization;
d. A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers, community-based doula programs, or parent mentors;[18]
e. 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
f. An elementary or secondary school.

Applicants that had Cycle I, II, III, IV, HEALTHY KIDS or AI/AN grants may apply for a Connecting Kids to Coverage HEALTHY KIDS 2022 cooperative agreement if their proposal meets one of the following:

- New and distinct activities: A Cycle I, Cycle II, Cycle III, Cycle IV, HEALTHY KIDS or AI/AN recipient may submit a proposal for activities that are new and distinct from those previously funded under the Cycle I, Cycle II, Cycle III, Cycle IV, HEALTHY KIDS or AI/AN grant, OR
- Continuation of successful activities: A Cycle I, Cycle II, Cycle III, Cycle IV, HEALTHY KIDS or AI/AN recipient that wishes to continue activities it is currently or previously conducted, may submit a proposal for a HEALTHY KIDS 2022 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.

Former and current CKC recipients (from Cycles I, II, III, or IV, HEALTHY KIDS 2019) or AI/AN recipients (from Rounds I, II, or III, HEALTHY KIDS AI/AN 2020) submitting proposals under this NOFO must be or have been recipients in good standing, meaning they

[18] Please see Appendix IX for more information.

must be meeting or have met all reporting requirements and other contractual obligations under their grants.

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* D, *Application and Submission Information*, to ensure that the application proposal adequately addresses all the criteria.

C2. Cost Sharing or Matching

Cost sharing or matching is not required.

However, applicants must provide a clear explanation of non-federal resources to be utilized to support and manage activities in support of this Notice of Funding Opportunity. Non-federal share must be included in the Budget Narrative. Cost sharing is the portion of project costs not paid by federal funds. This may include the value of allowable third party in-kind contributions, as well as expenditures by the recipient. See 45 CFR §75.2 and §75.306 Cost sharing or matching.

State recipients may not request grant funds for outreach and enrollment during the period of performance that exceed levels expensed by the state in their prior fiscal year.

C3. Letter of Intent

N/A

C4. Ineligibility Criteria

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.

C5. Single Application Requirement

Applicants may submit only one application by any given lead eligible entity for funding of a Connecting Kids to Coverage HEALTHY KIDS 2022 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 HEALTHY KIDS 2022 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 last eligible application submitted, before the stated deadline, will be accepted for review. All awardees must attest that they will not finance the same scope of work under more than one HEALTHY KIDS 2022 cooperative agreement award or other federal or non-federal funding stream.

See also Section A4. Program Requirements, *Special Considerations for Applicants that Represent Collaborative Efforts*, for information on recipient and subrecipient relationships.

C6. Continued Eligibility

Recipients must meet reporting and certification deadlines (as outlined in section F) to be eligible throughout the initial 12-month budget period and to remain eligible for a non-competing continuation award for subsequent budget periods of the 36-month period of performance. In addition, recipients must demonstrate satisfactory performance during the previous funding cycle(s) to be issued additional year funding; or, in the case of awards where all funding is issued in the first year, to ensure continued access to funding. At any time in the award cycle, recipients could receive decreased funding or their award could be terminated in accordance with 2 CFR 200.340 "Termination" if they fail to perform the requirements of the award.

Continued funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds. Satisfactory progress is determined by the applicant's adherence to the CMS approved detailed project work plan and timeline, other criteria for application approval, and in accordance with the terms and conditions at the time of the award (s*ee also* Sections A4. *Program Requirements,* C1. *Eligible Applicants,* and F5. *Reporting*).

Recipients will agree to fulfill all cooperative agreement requirements including requirements to collaborate with CMS. Satisfactory performance for selected award recipients includes but is not limited to:

a. Participate in key recipient training activities as identified by CMS;
b. Participate in the CKC National Campaign outreach initiatives described in this NOFO;
c. Participate in monthly conference calls with the CMS Project Officer. The Project Director for the grant is required to participate in these monthly calls.
d. Submit, in a timely manner, semi-annual reports to include all required data elements using the progress reporting tool provided by CMS (see F5. Reporting, a. Progress Reports) for a description of the required data reporting process);
e. Submit, in a timely manner, monthly reports to include data on current and upcoming activities, number of applications submitted on behalf of the targeted populations, etc.

f. Submit timely, accurate Federal Financial Status Reports (SF-425);
g. Participate on conference calls, with CMS or its contractors, to provide updates on enrollment and renewal data, implementation status and other updates as needed;
h. Work collaboratively with CMS to identify successful strategies and share information about cooperative agreement activities;
i. Share best practices and lessons learned with other recipients via peer-to-peer learning opportunities provided by CMS;
j. Cooperate fully with the independent evaluation of the cooperative agreement program conducted by the CMS evaluator; and
k. Cooperate fully with CMS and all CMS contractors associated with this cooperative agreement.

C7. EIN, DUNS, and SAM Regulations

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Unique Entity Identifier* (replacing Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number on April 4, 2022); and be registered in the System for Award Management (SAM) database (https://sam.gov/) to be able to submit an application at grants.gov. See Appendix II. Application and Submission Information for descriptions of EIN, DUNS, and SAM.

For more information about the Unique Entity Identifier, please see Appendix II. Application and Submission Information.

C8. Faith-Based Organizations

Faith-based organizations are eligible to apply.

C9. Other Eligibility Requirements

Non-applicable

D. Application and Submission Information

D1. Address to Request Application Package

This NOFO 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.

Application materials are available at https://www.grants.gov. Please note that CMS requires electronic submission of applications for all Notice of Funding Opportunities through the grants.gov website. Refer to Appendix II. Application and Submission Information for additional requirements and instructions.

D2. Content and Form of Application Submission

a. Application format

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application (unless an applicant is statutorily ineligible) if it is in the best interests of the government to meet the objectives of the program. Each application must include all contents of the application package, in the order indicated, and conform to the following formatting specifications:

- The required page size is 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). CMS does not accept other paper sizes.
- All pages of the project and budget narratives as well as other required narrative documents 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 must be double-spaced. The page limit for this document is 15 pages.
- The Budget Narrative may be single-spaced. The page limit for this document is 5 pages.
- The Work Plan and Timeline may be single-spaced. The page limit for this document is 5 pages.
- The Data Collection and Reporting Plan may be single-spaced. The page limit for this document is 5 pages.
- The Evaluation Plan may be single-spaced. The page limit for this document is 2 pages.
- The Staffing Plan may be single-spaced. The page limit for this document is 5 pages.
- The Business Assessment of Applicant Organization may be single spaced. The page limit for this document is 12 pages.
- Tables included within any portion of the application must 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 that may be single-spaced.
- The following required application documents are excluded from the page limitations described previously: Standard Forms, Application Cover Letter/Cover Page (if applicable), Project Site Location Form, and Indirect Cost Rate Agreement.

b. Standard forms

The following forms must be completed with an electronic signature and enclosed as part of the application:

1. Project Abstract Summary

A one-page abstract serves as a succinct description of the proposed project and includes the goals of the project, the total budget, 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. Exclude personal identifying information from the abstract. In the Grants Application Package at https://www.grants.gov, select the Project Abstract Summary and complete the form.

2. SF-424: Official Application for Federal Assistance

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.

• Check "No" to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.

• The Authorized Organizational Representative (AOR) completes and signs this form. Note: The signature of the individual that submits the application to Grants.gov populates throughout the application. The signature must match the name of the AOR. Other signatures will not be accepted.

The AOR is the designated representative of the applicant/Recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, the AOR agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.

- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs

3. SF-LLL: Disclosure of Lobbying Activities

All applicants must submit this SF-LLL form. If your entity does not engage in lobbying, please insert "Non-Applicable" on the form and include the required AOR name, contact information, and signature. Please note that the application kit available online on the Grants.gov website is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

4. Project Site Location Form(s)

All applicants must submit this Project Site Location form. 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. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

c. Application cover letter or cover page (optional)

The applicant may choose to include a cover letter or cover page to detail its interest in participation in the HEALTHY KIDS 2022 NOFO.

d. Project Narrative

The applicant must provide a Project Narrative that articulates in detail the proposed goals, measurable objectives, and milestones to be completed in accordance with the instructions and content requirements provided below and the specific criteria described in A4 Program Requirements and E1. Criteria. Please include the title "Project Narrative' at the beginning of the Project Narrative.

e. Data Collection and Reporting Plan

The applicant must provide a Data Collection and Reporting Plan consistent with the Data and Reporting Requirements outlined in Section A4. Program Requirements and the criteria described in E1. Criteria.

MOU and Data Reporting Requirements

- **Non-state applicants must describe their plans to 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.**
- CMS recognizes that it may not always be possible to obtain data from state or county sources. **Therefore, all non-state applicants must also describe alternative methods for verifying new enrollments and renewals that do not depend on cooperation by state or county agencies and that can be implemented with the requested funding.**

If the recipient does not obtain an MOU, or create and implement a well-designed and effective alternative date methodology within 120 days from the date of award, CMS may terminate the award for failing to have a process in place to collect and report the required data elements.

f. Work Plan and Timeline

The applicant must provide a Work Plan and Timeline consistent with the criteria described in E1. Criteria.

g. Budget Narrative

Applicants supplement Form SF-424A with a Budget Narrative that includes a yearly breakdown of costs, for each line item outlined in the SF-424A, according to a 12-month period. Applicants include a clear description of the proposed set of services covered with award funds for each activity/cost within the line item. The application clearly defines the proportion of the requested funding designated for each activity and justifies the applicant's readiness to receive funding. The budget separates out funding administered directly by the lead agency from funding subcontracted to other partners.

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 cooperative agreement, 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. **Please note, recipients will only be allowed up to one percent of the annual cooperative agreement award per budget period for promotional items and incentives, subject to prior approval by CMS.**

Attestation

- All awardees must attest that they will not finance the same scope of work under more than one HEALTHY KIDS 2022 cooperative agreement award or other federal or non-federal funding stream.

For additional information and instructions for completing the SF-424A and Budget Narrative, please refer to Appendix I. Guidance for Preparing a Budget Request and Narrative. For additional information on allowable costs, please refer to Appendix VII. Outreach Activities to Consider.

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 NOFO and that are consistent with HEALTHY KIDS 2022 cooperative agreement requirements. Indirect (overhead) and administrative costs must be allowable, allocable, reasonable, and necessary and are only reimbursable in accordance with HHS grants policy. For the initial budget year only, applicants must submit budget estimates for one in-person meeting, for up to two individuals, who directly work on the cooperative agreement to attend a two-day face-to-face meeting in the Baltimore area.

h. Evaluation Plan

The applicant must provide an Evaluation Plan consistent with the criteria described in E1. Criteria.

i. Staffing Plan

The applicant must provide a Staffing Plan consistent with the criteria described in E1. Criteria.

j. Business assessment of applicant organization (maximum 12 pages)

As required by 45 CFR §75.205 for competitive grants and cooperative agreements, CMS evaluates the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, internal controls and the ability to meet the management standards prescribed in 45 CFR Part 75.

An applicant must review, answer, and submit the business assessment questions outlined in Appendix III. Business Assessment of Applicant Organization.

D3. Unique Entity Identifier and System for Award Management (SAM)

Unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)), each applicant is required to:

i. be registered in SAM before submitting its application;

ii. provide a valid unique entity identifier in its application; and

iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. If an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D4. Submission Dates and Times

All applications must be submitted electronically and be received through www.grants.gov by the date and time set forth below. Applications received after 3:00 pm, Eastern Time, of the date set forth below will not be reviewed or considered for award.

Due Date: March 28, 2022

3:00 PM Eastern U.S. Time (Baltimore, MD)

D5. Intergovernmental Review

Program is not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR part 100). Please check box "C" on item 19 of the SF 424 (Application for Federal Assistance) as Executive Order 12372 does not apply to these cooperative agreements.

D6. Cost Restrictions

Direct Costs

Grant funds may be used for any of the following:

- Personnel costs, which may include project support staff and contracts for collaboration
- Costs of data collection and transmission
- Travel costs as they pertain to the administration and conduct of the grant
- Training cost for program participants
- Promotional items and incentives up to **one percent of the annual cooperative agreement award** per budget period subject to prior approval by CMS
- All travel, conference, and meeting expenses must be consistent with HHS guidelines, and may require additional CMS prior approval.

Indirect Costs

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA), and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) which may be used indefinitely. See also section F2. Administrative and National Policy Requirements of this NOFO for more information on indirect costs.

Prohibited Uses of Award Funds

CMS prohibits funds under this award for any of the activities/costs outlined below unless an exception is specifically authorized by statute.

- To reimburse for pre-award costs.
- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal 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 provide goods or services not allocable to the approved project.
- To supplant existing State, local, Tribal or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.
- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.
- To pay for Direct Services to beneficiaries.
- To pay for contracted evaluation 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.

D7. Mandatory Disclosure

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law

involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to:

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

URL: https://oig.hhs.gov/fraud/report-fraud/index.asp

(Include "Mandatory Grant Disclosures" in subject line)

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Materials should be scanned and emailed to the Grants Management Specialist assigned to this NOFO.

E. Application Review Information

E1. Criteria

Applications must be submitted in the required format, no later than the deadline. If an applicant does not submit all of the required documents and does not address each of the topics described in D2. Content and Form of Application Submission Information (with cross reference to E1. Criteria), the applicant risks not being eligible and/or awarded. Applications are reviewed in accordance with criteria outlined below.

All applicants must submit the following:

- Standard Forms;
- A Cover Letter, if applicable;
- A Project Narrative;
- A Budget Narrative;
- Business Assessment of Applicant Organization;
- Federally Negotiated Indirect Cost Rate Agreement (if applicable);
- Data Collection and Reporting Plan;

- Work Plan and Timeline;
- Evaluation Plan; and
- Staffing Plan

Below are the review criteria for the Project Narrative and Budget Narrative. Incomplete, unclear, and confusing proposals will receive point deductions. Project Narratives with significant content deficiencies may receive a score of zero. Proposals that merely restate the content of the NOFO, without responding to the Program Requirements and Application Review Criteria, will receive a score of zero. Each component of the Project Narrative is weighted as indicated below. The scoring criteria breakdown is reflective of the total possible number of points available, but each item is scored on a range starting from zero. Points are awarded based on the quality of the applicant's response.

Review Criteria (150 points Total Points)

a. Project Narrative (75 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.[19]

ii. Statement of Project Goals (10 points)

Specify the measurable goals for your proposed funding in the table provided and describe the specific factors you considered to set these goals. Specify why these goals are realistic and achievable for your entity and service delivery area. Proposed goals must be realistic, supported by numeric and qualitative data on your target population, including information on the number or percent of uninsured children and/or parents in the community and the applicant's ability to reach this population. Based on previous experience with recipients setting overly ambitious targets, CMS will closely evaluate the applicant's proposed goals, and take these goals into consideration with proposed funding requests. Although awards may range from $500,000 to $1,500,000, award proposal amounts should be realistic and commensurate with enrollment targets.

[19] County-level uninsurance rates by state can be found at the State Health Access Data Assistance Center: https://www.shadac.org/publications/2019-state-and-county-uninsured-ACS-tables. Information on state Medicaid and CHIP eligibility levels can be found at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

All applications, enrollments, and renewals reported below should be directly attributable to this cooperative agreement. For example, if a HEALTHY KIDS 2022 recipient is also a Navigator grant recipient, only enrollment and renewal data directly attributed to HEALTHY KIDS 2022 funding should be reported.

Project Goals			
As a direct result of CKC funding, number of:	**Year 1**	**Year 2**	**Year 3**
Children for whom an application for health coverage will be submitted			
Children who will be newly enrolled in Medicaid or CHIP			
Children who will be renewed in Medicaid or CHIP			
Parents for whom an application for health coverage will be submitted (if applicable)			
Parents newly enrolled in Medicaid (if applicable)			
Parents renewed in Medicaid (if applicable)			
Pregnant individuals for whom an application for health coverage will be submitted (if applicable)			
Pregnant individuals newly enrolled in Medicaid or CHIP (if applicable)			
Pregnant individuals who will be renewed (postpartum coverage) in Medicaid or CHIP (if applicable)			

iii. Capacity to implement the project (20 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, past experience conducting health coverage outreach and enrollment activities, and capacity to engage target populations in your community. 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, including the nature of, and period of time that will be devoted to start-up activities during the 90-day planning period.

If the applicant plans to use other partners, describe why each partner was selected, how you will monitor the partners activities, the partner's compatibility with the goals of this NOFO and the partner's credibility and former and current success with outreach to the targeted populations, and their readiness to implement.

iv. Outreach and Enrollment Plan (35 points)

Describe the year-round application and enrollment strategies and messaging that will be used to promote, enroll, and retain eligible children (parents and/or pregnant individuals, if applicable) in Medicaid and CHIP as states resume conducting renewal determinations after the end of the public health emergency. Describe specific efforts your project will undertake to make the most of the following three important periods for conducting outreach and enrollment

activities aimed at enrolling eligible children (parents and/or pregnant individuals, if applicable) in Medicaid and CHIP. (Please note that the National Campaign will be providing materials and other support to recipients.)

1. Back-to-School time,
2. Year-Round Enrollment (to remind families that enrollment in Medicaid and CHIP remain available year around) and;
3. Retaining eligible individuals in Medicaid and CHIP

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. The use of social media will be a required method to outreach to eligible families. Please describe the social media platforms, including the frequency, that will be used and tracked to outreach to eligible children, parents, and pregnant individuals.

Describe how application and renewal assistance will be delivered directly to families, including virtually (required), and the strategies that will be used to track and report on the number of children, parents, and pregnant individuals 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.

Applicants are strongly encouraged to include evidence-based outreach and enrollment strategies, including, if applicable, the use of parent mentors. (Please see Appendix VII. Outreach Strategies to Consider and Appendix VIII. Using Parent of Medicaid or CHIP enrolled Children as Mentors to Parents of Uninsured Children for more information.)

b. Data Collection and Reporting Plan (20 points)

Describe clearly how the required data will be collected and how you will verify the number of new Medicaid and CHIP enrollments, renewals, and denials resulting from your CKC funding (discussed in A4. Program Requirements). Describe if you have used this collection and reporting plan in other efforts and why it has demonstrated success for your organization. If it is a new plan for your organization, describe why you chose this plan, what obstacles you may encounter and how you will quickly address these obstacles. 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.

Describe how you will ensure that you are only reporting data on applications, enrollments, and renewals that were completed by staff funded by this cooperative

agreement. If staff are partly funded by this cooperative agreement, describe how you will determine what percentage of their results will be attributable to this grant. Describe how you will ensure any data reported by subrecipients are accurate.

c. Work Plan and Timeline (15 points)

The work plan and timeline section of the application should document activities, reasonable and achievable 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 subawarded 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 Plan (5 points)

Describe how the project will be monitored during the entire period of performance to ensure that the most effective strategies will be utilized, and how any obstacles that impact full obtainment of stated goals will be resolved. 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. Please note that recipients will be prohibited from using any cooperative agreement funding for contracted evaluation services. Recipients are expected to assess their progress, recognize any obstacles, and implement course corrections in a timely fashion, within the assigned staff for this cooperative agreement award. In addition, CMS and its contractors will provide technical assistance, if needed, to assist recipients in reaching their grant goals.

f. Staffing Plan (20 points)

Describe how the project will be staffed, including the number of staff, their skills and credentials and how they will be recruited, retained, and deployed. Include brief job descriptions and related work experience for the Project Director and other positions

paid under the cooperative agreement 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. CMS requires the Project Director to devote 50 percent of his or her time to cooperative agreement activities. CMS also expects that 50 percent of the staff paid under the cooperative agreement, including the Project Director, to be hired and trained by the end of the 90-day planning period in effectively managing and implementing this program.

Describe how the Project Director will develop and provide on the job training and will foster a team culture in order to promote collegiality and collective achievement.[20]

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

- Goals for the project are clearly stated, achievable and realistic
- Description of need is compelling and is based on data that is clearly cited
- Proposed metrics will adequately allow for project monitoring and measuring project success
- The organization has sufficient capacity and staff to accomplish the goals of the grant
- There is a clear plan for verifying new enrollments, renewals and denials
- The prospects for sustaining the project are clearly stated

E2. Review and Selection Process

Please refer to Appendix V. Review and Selection Process for more information on the review and selection process.

Factors other than merit that may be used in the final 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; and
    - Level of need in the project location area.

- CMS will consider the geographic diversity and scale of all applications when making final award determinations.

- Awards may be adjusted to a lower amount if the applicant fails to meet performance milestones (refer to section F5. Reporting).

The application itself is not a legally binding contract and does not require any applicant or CMS to enter into a cooperative agreement. CMS will select Recipients at CMS's sole discretion. Such selection will not be subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

[20] Foster, Leslie and Frank Martin. How Can My Organization Connect Children to Coverage? A Guide to Fundamentals and Promising Practices. Accessed from: https://www.insurekidsnow.gov/downloads/library/misc/outreach-and-enrollment-fundamentals.pdf

E3. Federal Awardee Performance Integrity Information System (FAPIIS)
In accordance with 45 CFR Part 75:

i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold[21], is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);

ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.

iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicant as described in §75.205.

F. Federal Award Administration Information

F1. Federal Award Notices
If successful, applicant will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer. The NoA is the legal document authorizing the cooperative agreement award and issued to the applicant as listed on the SF-424 and available to the applicant organization through the online grants management system used by CMS and recipient organizations. Any communication between CMS and applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If unsuccessful, CMS notifies the applicant electronically to the email address as listed on its SF-424, within 30 days of the award date.

F2. Administrative and National Policy Requirements
A. National/Public Policy Requirements

By signing the application, the authorized organizational official certifies that the organization will comply with applicable public policies. Once a cooperative agreement is awarded, each recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and contractors under the cooperative agreement with these requirements. Recipients should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled Public Policy Requirements, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

[21] *Simplified acquisition threshold* means the dollar amount below which a non-Federal entity may purchase property or services using small purchase methods. Non-Federal entities adopt small purchase procedures in order to expedite the purchase of items costing less than the simplified acquisition threshold. The simplified acquisition threshold is set by the Federal Acquisition Regulation at 48 CFR Subpart 2.1 (Definitions) and in accordance with 41 U.S.C. 1908.

Non-Discrimination/ Accessibility Provisions

Recipients 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,

d. Title II, Subtitle A of the Americans with Disabilities Act of 1990;

e. Section 1557 of the Affordable Care Act;

f. Title IX of the Education Amendments of 1972; and

g. Applicable federal religious nondiscrimination laws, https://www.hhs.gov/conscience/religious-freedom/index.html, and applicable federal conscience protection and associated anti-discrimination laws https://www.hhs.gov/conscience/conscience-protections/index.html.

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html .

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See https://www.hhs.gov/ocr/get-help-in-other-languages/index.html and https://www.lep.gov .
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in Appendix IV, Accessibility Provisions to this Notice of Funding Opportunity.

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

B. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original application or agreed upon subsequently with CMS, 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.
- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75], which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicant and recipients should take particular note of the following information found in 45 CFR Part 75:

Uniform Administrative Requirements

In accordance with 45 CFR §75.112, all award recipients receiving federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available for applicant upon request).

In accordance with 45 CFR §75.113, Mandatory Disclosures, the non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII to 45 CFR Part 75 are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make the required disclosures can result in the imposition of any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR Parts 180 and 376, and 31 U.S.C. 3321). For specific information on reporting such disclosures to CMS and HHS please see Section F3. Terms and Conditions of this NOFO.

Cost Principles

CMS grant and cooperative agreement awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for

selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75; and (2) commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2. As provided in the cost principles in 48 CFR subpart 31.2, allowable travel costs may not exceed those established by the Federal Travel Regulation (FTR).

There is no universal rule for classifying certain costs as either direct or indirect (also known as Facilities & Administration (F&A) costs) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose is treated consistently in like circumstances either as a direct or F&A cost in order to avoid double-charging of Federal awards. Guidelines for determining direct and F&A costs charged to Federal awards are provided in 45 CFR §§75.412 to 75.419. Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

Indirect Costs

CMS will reimburse indirect costs to recipients under an award if (1) allowable under the governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a federally approved indirect cost rate agreement covering the grant supported activities and period of performance, or the non-federal entity has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC).

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application.

Commercial (For-Profit) Organizations: Indirect Costs are allowable under awards to for-profit organizations. The for-profit recipient must have a federally-approved indirect cost rate agreement covering the grant supported activities and period of performance. Indirect cost rates for for-profit entities are negotiated by DFAS in the Office of Acquisition Management and Policy, National Institutes of Health (if the preponderance of their federal awards are from HHS), available at http://oamp.od.nih.gov/dfas/indirect-cost-branch, or other Federal agency with cognizance for indirect cost rate negotiation. If there is no federally-approved indirect cost rate for the specific period of performance and the for-profit recipient has never received an indirect cost rate, then the non-federal entity may elect to charge a de minimis rate of 10% of MTDC.

Cost Allocation

In accordance with 45 CFR §75.416 and Appendix V to 42 C.F.R. Part 75 – State/Local Government-wide Central Service Cost Allocation Plans, each state/local government will submit a plan to the HHS Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the HHS entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services at https://rates.psc.gov. A

current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

Public Assistance Cost Allocation Plans

Appendix VI to 45 C.F.R. Part 75 – Public Assistance Cost Allocation Plans, provides that state public assistance agencies will develop, document and implement, and the Federal Government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR part 95. The plan will include all programs administered by the state public assistance agency. Where a letter of approval or disapproval is transmitted to a state public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 CFR part 95.

Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F, apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends $750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

Commercial Organizations (including for-profit hospitals) have two options regarding audits, as outlined in 45 CFR §75.501 (see also 45 CFR §75.216).

F3. Terms and Conditions

This Notice of Funding Opportunity is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/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 regulation (45 CFR Part 75) supersedes 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. Recipients 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 grant or cooperative agreement activities.

CMS may terminate any 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.

In the event a recipient or one of its subrecipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. The recipient must furnish the written notice 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 includes:

- 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.

Intellectual Property

Recipients under this funding opportunity must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. 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. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

The Federal Government has the right to:

(1) Obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and

(2) Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Prohibition on certain telecommunications and video surveillance services or equipment

As described in 2 CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

F4. 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 used when CMS anticipates substantial CMS programmatic involvement with each recipient during the performance of the activities. Under each cooperative agreement, CMS' 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, CMS 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:

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

- Technical Assistance – CMS hosts opportunities for training and/or networking, which may include conference calls, topic-specific webinars, office hours, and other vehicles.
- Collaboration – CMS actively coordinates with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Administration for Children and Families, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Social Security Administration. In this way CMS facilitates compliance with the terms of the cooperative agreement and effectively supports recipients.
- Project Officers and Monitoring – CMS assigns specific Project Officers to each cooperative agreement award to support and monitor recipients throughout the period of performance. CMS 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 be to 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 CMS 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 CMS-directed national program evaluations.
- Technical Assistance - participate in technical assistance activities as appropriate.
- Program Standards – comply with all Connecting Kids to Coverage Outreach and Enrollment requirements, applicable current and program requirements and standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

F5. Reporting

a. Progress Reports

Recipients are expected to communicate with their CMS Project Officer by phone and/or email as needed for proper grant administration and monitoring. After the issuance of the NoA CMS will reach out to all Recipients to introduce the key CMS contacts, including the CMS Project Officer. All successful applicants under this NOFO must comply with the following reporting and review activities:

Recipients must agree to cooperate with any Federal evaluation of Connecting Kids to Coverage Outreach and Enrollment Grants and must provide monthly data reports, semi-annual, and final (at the end of the cooperative agreement period) programmatic progress reports, as required, in the format prescribed by CMS and HHS, as well as any additional reports as required. Reports will be submitted electronically. The first programmatic semi-annual progress report is estimated to be due January 31, 2023.

The minimum program progress narrative report elements are as follows:

i. Program Name;
ii. Project Director Name;
iii. Reporting Period;
iv. Work Plan Chart/Timeline status;
v. Project description - short summary;
vi. 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;
vii. Accomplishments - Tasks that were accomplished during this reporting period;
viii. Projected Goals - Goals projected to be completed during the next reporting period; and
ix. Issues - Issues that must be addressed for the project to be successful.

The final progress report for recipients is estimated to be due October 30, 2025, 120 days after the end of the period of performance.

Monthly Data Reports

All awardees will be required to submit monthly data reports to include the outreach and enrollment activities completed during the month with the following information:

- Number of children for whom an application for health coverage has been submitted
- Number of children verified to be newly enrolled in Medicaid or CHIP
- Number of children denied new enrollment in Medicaid or CHIP
- Number of children for whom the recipient submitted a renewal form
- Number of children verified to be renewed in Medicaid or CHIP
- Number of children denied renewal in Medicaid or CHIP

- Number of parents for whom an application for health coverage has been submitted (if applicable)
- Number of parents verified to be newly enrolled in Medicaid (if applicable)
- Number of parents denied new enrollment into Medicaid or CHIP (if applicable)
- Number of parents for whom the recipient submitted a renewal form (if applicable)
- Number of parents verified to be renewed in Medicaid (if applicable)
- Number of parents denied renewal into Medicaid or CHIP (if applicable)

- Number of pregnant individuals for whom an application for health coverage has been submitted (if applicable)
- Number of pregnant individuals verified to be newly enrolled in Medicaid or CHIP (if applicable)
- Number of pregnant individuals denied new enrollment into Medicaid or CHIP (if applicable)
- Number of pregnant individuals for whom the recipient submitted a renewal form (if applicable)

Monthly data reports will be due 30 days following the last day of the month of reporting.

b. Financial Reports

Required On-Line Reporting. CMS requires Recipients to submit quarterly cash transaction and semi-annual or annual expenditure financial reporting data through PMS in a consolidated single reporting system. This consolidated single reporting system includes submission of the following required fields in the Federal Financial Report (FFR or SF-425): lines 10.a through 10.c to reflect cash transactions data and lines 10.d through 10.h to reflect expenditures, obligations, and liquidations data. Failure to submit timely reports may result in the inability to access funds.

Quarterly Cash Transaction Financial Reporting

Report Submission Deadline. Unless superseded by program-specific statute or regulations or by CMS policy, in accordance with 45 CFR 75.341, the deadline for submitting the required Federal

reporting is 30 days after the end of each quarter (i.e., by January 30, April 30, July 30 and October 30) and 120 days after the project has ended.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Frequency of required expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. Expenditures, Recipient Share, and Program Income is reflected through completion of lines 10.d through 10.o of the FFR.

c. Federal Funding Accountability and Transparency Act Reporting Requirements

New awards issued under this NOFO 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 $30,000 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/).

d. Audit Requirements

Recipients must comply with audit requirements outlined in HHS regulation 45 CFR Part 75 (implementing 2 CFR Part 200). See Subpart F – Audit Requirements. http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#sp45.1.75.f.

e. Payment Management System Reporting Requirements

Once CMS issues an award, the funds are posted in recipient accounts established in the Payment Management System (PMS). Recipients may then access their funds by using the PMS funds request process.

The PMS funds request process enables recipients to request funds using a Personal Computer with an Internet connection. The funds are delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new recipient, please go to PMS Access Procedures to find information to register in PMS. If you need further help with that process, please contact the One-DHHS Help Desk via email at pmssupport@psc.gov or call (877) 614-5533 for assistance.

f. Government-wide Suspension and Debarment Reporting Requirements

Before you enter into a covered transaction at the primary tier, you as the participant must notify the Federal agency office that is entering into the transaction with you, if you know that you or any of the principals for that covered transaction meets any of the conditions outlined in 2 CFR 180.335. At any time after you enter into a covered transaction, you must give immediate written notice to the Federal agency office with which you entered into the transaction if you learn either that you failed to disclose or circumstances have changed as outlined in 2 CFR 180.350.

G. CMS Contacts

G1. Programmatic Questions

For Programmatic questions about this funding opportunity, please contact:
HealthyKids@cms.hhs.gov

G2. Administrative/Budget Questions
For administrative or budget questions about this funding opportunity, please contact:
HealthyKids@cms.hhs.gov

CMS will hold two potential applicant webinars to provide an opportunity to ask questions about this NOFO.

These will be held:

- Wednesday, February 9, 2022 from 12:00 pm to 1:00 pm EST
- Register at: https://cms.zoomgov.com/webinar/register/WN_-jKAHTarRH-wwPwFVDI0nQ

- Wednesday, February 23, 2022 from 12:00 pm to 1:00 pm EST
- Register at: https://cms.zoomgov.com/webinar/register/WN_-jKAHTarRH-wwPwFVDI0nQ

H. Other Information
CMS is not obligated to make any Federal award as a result of the publication of this NOFO.

Publication of this NOFO does not oblige CMS to award any specific project or to obligate any available funds. CMS may cancel or withdraw this NOFO at any time.

Appendix I. Guidance for Preparing a Budget Request and Narrative

Applicants must request funding only for activities that will support this specific Notice of Funding Opportunity. All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative provides detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire period of performance. Please review the directions below to ensure both documents are accurately completed and consistent with application requirements.

Standard Form SF-424A

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for form SF-424A and comply with the instructions outlined below.

- Note: The directions in the Notice of Funding Opportunity (NOFO) may differ from those provided by Grants.gov. Please follow the instructions included in this NOFO as outlined below when completing the SF-424A.
- Note: The total requested on the SF-424 (Application for Federal Assistance) reflects the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire period of performance.

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter "Name of Notice of Funding Opportunity" 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 period of performance. Notice of Funding Opportunities with a 5-year project period will utilize a second SF-424A form.
- Column (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 are reflected in row j. The total for direct and indirect charges for all year 1line items is entered in column 1, row k (sum of row i and j).
- Column (2) = Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 2 line items is entered in column 2, row k (sum of row i and j).

- Column (3) = (If applicable) Enter Year 3 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 3 line items are entered in column 3, row k (sum of row i and j).
- Column (4) = (If applicable) Enter Year 4 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 4 items are entered in column 4, row k (sum of row i and j).
- Column (5) = Enter total costs for the period of performance for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items are entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.
- If the NOFO is for a 5-year period of performance, please complete a second SF-424A form and upload it as an attachment to the application (this specific attachment does not count towards the page limit). Year 5 information is included in column 1 of Section B. Then enter the total for years 1-4 (per the first SF-424A form) in column 2 of Section B. The second SF-424A form will compute columns 1 and 2, reflecting total costs for the entire project period. This total should be consistent with the total Federal costs requested on the SF-424, Application for Federal Assistance. A blank SF-424A form can be found at Grants.gov: https://www.grants.gov/web/grants/forms/sf-424-individual-family.html#sortby=1

Budget Narrative – Sample Narrative and Instructions

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants request funding only for activities not already funded/supported by other funding sources. Awards support separate activities and new federal funding cannot be supplanted by other federal funding. In the budget request, applicant distinguishes between activities funded under this application and activities funded with other sources. Other funding sources include other HHS grant programs, and other federal funding sources as applicable. Insufficient budget detail and justification may negatively impact the review of the application.

A sample Budget Narrative is included below.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: title of position; name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program (FTE or level of effort); total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives. These individuals must be employees of the applicant organization.

Note: As stated in applicable Appropriations Law, none of the funds appropriated 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. This salary cap applies to direct salaries and to those salaries covered under indirect costs, also known as facilities and administrative (F & A). Please consult the following link to determine the applicable current salary cap: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/

Sample Budget

Personnel Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Position Title	**Name (if known)**	**Annual**	**Time**	**Months**	**Amount Requested**
Project Director	Susan Taylor	$45,000	100%	12 months	$45,000
Finance Administrator	John Johnson	$28,500	50%	12 months	$14,250
Outreach Supervisor	Vacant	$27,000	100%	12 months	$27,000
Total:					$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Director - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CMS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation (reference NICRA if applicable). If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

Sample Budget

Fringe Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Fringe Benefit	**Rate**	**Salary Requested**	**Amount Requested**
FICA	7.65%	$45,000	$3443
Worker's Compensation	2.5%	$14,250	$356
Insurance	Flat rate - $2,000 (100% FTE for 12 months)	$2,000	$2,000
Retirement	5%	$27,000	$1,350
Total			$7,149

C. Travel

Dollars requested in the travel category are for **applicant staff travel only**. Travel for consultants is in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. is itemized in the same way specified below and placed in the **"Other"** category. Travel incurred through a contract is in the contractual category.

Provide a narrative describing the travel staff members will perform. This narrative includes a justification of why this travel is necessary and how it will enable the applicant to complete program requirements included in the Notice of Funding Opportunity. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations is used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link http://www.gsa.gov/portal/content/104877.

Sample Budget

Fringe Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Purpose of Travel	**Location**	**Item**	**Rate**	**Cost**
Site Visits	Neighboring areas of XXX	Mileage	$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	$668
Training (ABC)	Chicago, IL	Airfare	$200/flight x 2 persons	$400
		Luggage Fees	$50/flight x 2 persons	$100
		Hotel	$140/night x 2 persons x 3 nights	$840
		Per Diem (meals)	$49/day x 2 persons x 4 days	$392
		Transportation (to and from airport)	$50/shuttle x 2 persons x 2 shuttles	$200
		Transportation (to and from hotel)	$25/shuttle x 2 persons x 2 shuttles	$100
				$2,700

Sample Justification
The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary is provided upon request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, and identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to address concerns. This travel also furthers our efforts to accomplish specific project goals for the following reasons
_____.

D. Equipment
Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.

Note: Technology items such as computers that do not meet the $5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as **supplies**, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item, for example; serial # and physical location of equipment (e.g. laptops, tablets, etc.). Provide justification for the use of each equipment item and relate it to specific program objectives. List maintenance or rental fees for equipment in the "Other" category. Ensure that all IT equipment is uniquely identified. Show the unit cost of each item, number needed, and total amount.

Sample Budget

Equipment Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Item(s)	**Rate**	**Cost**
All-in-one Printer, Copier, and Scanner (large scale)	1 @ $5,800	$5,800
X-Ray Machine	1 @ $8,000	$8,000
Total:		$13,800

Sample Justification
Provide complete justification for all requested equipment, including a description of how the program utilizes the equipment. For equipment and tools shared amongst programs, please cost allocate as appropriate. Applicant should provide a list of hardware, software and IT equipment that will be required to complete this effort. Additionally, they should provide a list of non-IT equipment that will be required to complete this effort.

E. Supplies
Supplies includes all tangible personal property with an acquisition cost of less than $5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. **Recipients will be allowed up to <u>one percent of the annual cooperative award</u> per budget period for promotional items and incentives subject to prior approval by CMS.** Provide justification for each item and relate it to specific program objectives. Classify technology items such as computers that do not

meet the $5,000 per unit threshold or an alternative lower limit set by recipient policy as supplies and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies Total	*$_____*
Grant	*$_____*
Funding other than Grant	*$_____*
Sources of Funding	*_____*

Item(s)	**Rate**	**Cost**
Laptop Computer	2 @ $1,000	$2,000
Printer	1 @ $200	$200
General office supplies	12 months x $24/mo x 10 staff	$2,880
Educational pamphlets	3,000 copies @ $1 each	$3,000
Educational videos	10 copies @ $150 each	$1,500
Total:		$9,580

Sample Justification
General office supplies will be used by staff members to carry out daily activities of the program. The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Subrecipient/Contractual Costs

A complete description and cost breakdown, as outlined below, is provided for each consultant, subrecipient or contract.

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 Recipient organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe the person's qualifications.
2. Organizational Affiliation: Identify the organizational 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.
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 compensation 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 applicant monitors progress and performance of the consultant. Identify who is responsible for supervising the consultant agreement.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The costs of project activities to be undertaken by a subrecipient is included in this category Please use formats from "Sample Budget" and "Sample Justification" above. For more information on subrecipient and contractual relationships, please refer to HHS regulation 45 CFR 75.351 *Subrecipient and Contractor Determinations* and 75.352 *Requirements for pass-through entities*.

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

All recipients must submit to CMS the following required information for establishing a 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 performed by the contractor as related to the accomplishment of program objectives. Clearly define the deliverables.
5. Method of Accountability: Describe the monitoring plan of the progress and performance of the contractor 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.

G. Construction (not applicable)

H. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other Total $_____
Grant $_____
Funding other than Grant $_____
*Sources of Funding*_____

Item(s)	**Rate**	**Cost**
Telephone	$45 per month x 3 employees x 12 months	$1,620
Postage	$250 per quarter x 4 quarters	$1,000
Printing	$0.50 x 3,000 copies	$1,500
Equipment Rental *specify item	$1,000 per day for 3 days	$3,000
Internet Provider Service	$20 per month x 3 employees x 12 months	$720
Word Processing Software (specify type)	1 @ $400	$400
Total:		$8,240

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

Sample Justification

We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent _____. Without this equipment, we will not be able to produce this information in an accurate and timely manner.

I. Total Direct Costs

$_____

Show total direct costs by listing totals of each category.

J. Indirect Costs

$_____

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR §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 those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, 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.

Appendix II. Application and Submission Information

Please CTRL/Click to access links or paste to your browser. Please note these are the most up-to-date directions and links we have. Applicants are advised to check the websites for any changes. Also, phone numbers are provided if additional assistance is needed as several websites have made recent changes to links and directions.

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

With respect to electronic methods for providing information about funding opportunities or accepting applicants' submissions of information, CMS complies with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

EIN, DUNS, AND SAM REQUIREMENTS (ALL APPLICATIONS)

Employer Identification Number

All applicants under this Notice of Funding Opportunity must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the Notice of Funding Opportunity is posted to ensure this information is received in advance of application deadlines. The process to obtain an EIN typically takes up to 5 weeks.**

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. The DUNS number is a nine-digit number that uniquely identifies business entities. To obtain a DUNS number access the following website: https://fedgov.dnb.com/webform/ or call 1-866-705-5711. This number is entered in block 8c (on 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 Notice of Funding Opportunity is posted to ensure all registration steps are completed in time.

****Government Transition from DUNS Number to New Unique Entity Identifier Will Occur on April 4, 2022**

By **April of 2022**, the federal government will stop using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. See also the following links:

GAO: https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update

Grants.gov:
https://www.grants.gov/web/grants/forms/planned-uei-updates.html

System for Award Management (SAM)

The applicant must register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants can access https://sam.gov and complete the online registration. DUNS and EIN/TIN numbers are required to complete the registration process. To register one or more domestic entities and appoint an entity administrator, the applicant organization must send a notarized letter to SAM. **Applicants should begin the SAM registration process as soon as possible after the Notice of Funding Opportunity is posted to ensure that it does not impair your ability to meet required submission deadlines. The process to register in SAM typically takes up to 2 weeks following receipt of the notarized letter (additional 5 weeks if an EIN must be established first).**

Each year organizations and entities registered to apply for Federal grants or cooperative agreements through Grants.gov (or GrantSolutions as applicable) 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 (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent CMS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. Please also refer to F5.c (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.**

Organizations must report executive compensation as part of the registration profile at https://sam.gov 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).

APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTS.GOV (COMPETITIVE APPLICATIONS)

CMS requires applications for all competitive Notice of Funding Opportunities to be submitted electronically through https://www.grants.gov. For assistance with this process, contact https://www.grants.gov/web/grants/support.html or 1-800-518-4726. Below is an overview of the instructions from the Grants.gov website. Applicants can access the site directly for more detailed information.

How to Register to Apply through Grants.gov

- *Obtain A DUNS number.*
- *Complete SAM registration.*
- *Register*. Click the Register link and complete the on-screen instructions or refer to detailed instructions here: https://www.grants.gov/web/grants/applicants/registration.html.
- *Add a Profile to the Account*: The profile corresponds to a single applicant organization the user represents (i.e., an applicant) or an individual applicant. If you work for or consult with multiple organizations and have a profile for each, you may log in to one Grants.gov account to access all of your grant applications. To add an organizational profile enter the DUNS Number for the organization in the UEI (Unique Entity Identifier) field while adding a profile. For more detailed instructions about creating a profile refer to: https://www.grants.gov/web/grants/applicants/registration/add-profile.html
- *EBiz POC Authorized Profile Roles*: After you register and create an Organization Applicant Profile, the organization applicant's request for Grants.gov roles and access is sent to the EBiz POC. The EBiz POC will then log in and authorize the appropriate roles, which may include the AOR role, thereby giving you permission to complete and submit applications on behalf of the organization. You will be able to submit your application online any time after you have been assigned the AOR role. For more detailed instructions about creating a profile refer to: https://www.grants.gov/web/grants/applicants/registration/authorize-roles.html
- *Track Role Status*: To track your role request, refer to: https://www.grants.gov/web/grants/applicants/registration/track-role-status.html
- *Electronic Signature*: When applications are submitted through Grants.gov, the name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC **must** authorize people who are able to make legally binding commitments on behalf of the organization as a user with the AOR role; **this step is often missed and it is crucial for valid and timely submissions.**

How to Submit an Application to CMS via Grants.gov

Grants.gov applicants can apply online using Workspace. Workspace is a shared, online environment where members of a grant team may simultaneously access and edit different webforms within an application. For each Notice of Funding Opportunity (alternatively, may be referred to as Funding Opportunity Announcement (FOA)), you can create individual instances of a workspace. *Note:* Search for the application package in by entering the Federal Assistance Listings (CFDA) number. This number is shown on the Federal Assistance Listings (or CFDA) website at https://sam.gov/content/help and cover page of the funding opportunity.

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

Below is an overview of submitting an application. For access to complete instructions on how to apply for opportunities, refer to: https://www.grants.gov/web/grants/applicants/workspace-overview.html

1) *Create a Workspace*: Creating a workspace allows you to complete it online and route it through your organization for review before submitting.
2) *Complete a Workspace*: Add participants to the workspace to work on the application together, complete all the required forms online or by downloading PDF versions, and check for errors before submission. The Workspace progress bar will display the state of your application process as you apply. As you apply using Workspace, you may click the blue question mark icon near the upper-right corner of each page to access context-sensitive help.

a. *Adobe Reader*: If you decide not to apply by filling out webforms you can download individual PDF forms in Workspace. The individual PDF forms can be downloaded and saved to your local device storage, network drive(s), or external drives, then accessed through Adobe Reader.
NOTE: Visit the Adobe Software Compatibility page on Grants.gov to download the appropriate version of the software at:
https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html
b. *Mandatory Fields in Forms:* In the forms, you will note fields marked with an asterisk and a different background color. These fields are mandatory fields that must be completed to successfully submit your application.
c. *Complete SF-424 Fields First*: The forms are designed to fill in common required fields across other forms, such as the applicant name, address, and DUNS Number. Once it is completed, the information will transfer to the other forms.

3) *Submit a Workspace*: An application may be submitted through workspace by clicking the Sign and Submit button on the Manage Workspace page, under the Forms tab. **Grants.gov recommends submitting your application package at least 24-48 hours prior to the close date to provide you with time to correct any potential technical issues that may disrupt the application submission.**
4) *Track a Workspace Submission*: After successfully submitting a workspace application, a Grants.gov Tracking Number (GRANTXXXXXXXX) is automatically assigned to the application. The number will be listed on the Confirmation page that is generated after submission. Using the tracking number, access the Track My Application page under the Applicants tab or the Details tab in the submitted workspace.

For additional training resources, including video tutorials, refer to:
https://www.grants.gov/web/grants/applicants/applicant-training.html

Applicant Support: 24/7 support is available via the toll-free number 1-800-518-4726 and email at https://www.grants.gov/web/grants/support.html. For questions related to the specific grant opportunity, contact the number listed in the application package of the grant you are applying for.

If you are experiencing difficulties with your submission, it is best to call the Grants.gov Support Center and get a ticket number. The Support Center ticket number will assist CMS with tracking your issue and understanding background information on the issue.

Timely Receipt Requirements and Proof of Timely Submission

All grant and cooperative agreement applications must be submitted electronically and **received** through https://www.grants.gov by 3:00 p.m. Eastern Standard or Daylight Time (Baltimore, MD) by the applicable deadline date. Please refer to the Executive Summary of this Notice of Funding Opportunity for submission deadline date.

Proof of timely submission is automatically recorded and an electronic date/time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant with the AOR role who submitted the application will receive an acknowledgement of receipt and a tracking number (GRANTXXXXXXXX) with the successful transmission of their application. This applicant with the AOR role will also receive the official date/time stamp and Grants.gov Tracking number in an email serving as proof of their timely submission.

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 reviewed.

When CMS successfully retrieves the application, and acknowledges the download of submissions, Grants.gov will provide an electronic acknowledgment of receipt of the application to the email address of the applicant with the AOR role who submitted the application. Again, proof of timely submission shall be the official date and time that Grants.gov receives your application. Applications received after the established due date for the program will be considered late and will not be considered for funding by CMS.

Applicants using slow internet, such as dial-up connections, should be aware that transmission can take some time before your application is received. Again, Grants.gov will provide either an error or a successfully received transmission in the form of an email sent to the applicant with the AOR role attempting to submit the application. The Support Center reports that some applicants end the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application.

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 within an application package, the individual can e-mail the contact center at https://www.grants.gov/web/grants/support.html for help, or call 1-800-518-4726.

Appendix III. Business Assessment of Applicant Organization

Applicants review and answer the business assessment questions outlined below. There are eleven (11) topic areas labeled A-K, with a varying number of questions within each topic area. **Applicants MUST provide a brief substantive answer to each question (and supporting documentation as applicable).** If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant risks selection for award.

A. General Information

1. Provide organization:
    a. Legal name:
    b. EIN:
    c. Organizational Type:
2. What percentage of the organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).
3. Does/did the organization receive additional oversight (ex: Correction Action Plan, Federal Awardee Performance and Integrity Information System (FAPIIS) finding, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?
    a. If yes, please provide the following information: Name of the Federal agency; reason for the additional oversight as explained by the Federal agency:
    b. If resolved, please indicate how the issue was resolved with the agency.
4. Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?
5. Explain your organization's process to ensure annual renewal in System for Award Management (to include FAPIIS).
6. Explain your organization's process to comply with (a) 45 CFR § 75.113 Mandatory Disclosures and (b) your organization's process to comply with FFATA requirements.
7. Do you have conflict of interest policies? Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? If yes, please explain and provide a mitigation plan.
8. Does your organization currently, or in the past, had delinquent Federal debt in the last 3 years? If yes, please explain.
9. Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?
10. Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.
    a. make determinations between subrecipients versus contracts in accordance with 45 CFR § 75.351?

b. notify entities at the time of the award/agreement if they are a subrecipient in compliance with 45 CFR § 75.352?
c. manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (45 CFR §§ 75.351–75.353)?

B. Accounting System

1. Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 45 CFR Part 75?
    a. If no, please provide a brief explanation of why not.
    b. Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.

2. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:
    a. Total funds available for an award.
    b. Total funds available for a budget cost category.

3. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?
    a. If yes, please provide the name and address of the Agency that performed the review.
    b. Provide a summary of the opinion.
    c. How did your organization resolve any concerns?
4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program).
5. Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding? If yes, how does your organization identify awards? If not, please explain why not.

C. Budgetary Controls

1. What are the organization's controls utilized to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?
2. Describe the organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 45 CFR §75.305, "Payment.").

D. Personnel

1. Does the organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?
    a. If yes, please provide a copy.
    b. If no, how are lines of responsibility and authority determined?
2. Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.
3. Does the organization pay compensation to Board Members?
4. Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with federal rules and regulations applicable to grants and cooperative agreements (e.g. 45 CFR Part 75)?
5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.

E. Payroll

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.

F. Consultants (See appendix I in the NOFO for relevant information)

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include explanation for each question below):
    a. Briefly describe the organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.
    b. Briefly describe the organization's method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.

G. Property Management

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 45 CFR § 75.320(d). **Refer to (45 CFR § 75.2) for definitions of property to include personal property, equipment, and supplies.
2. Does the organization have adequate insurance to protect the Federal interest in equipment and real property (see 45 CFR § 75.317, "Insurance coverage.")? How does the organization calculate the amount of insurance?

H. Procurement

Describe the organization's procurement procedures (in accordance with 45 CFR §§ 75.326 - 75.335, "Procurement procedures")? If there are no procurement procedures, briefly describe how your organization handles purchasing activities. A. Include individuals responsible and their roles. B. Describe the competitive bid process for

procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.

I. Travel

1. Describe the organizations written travel policy. Ensure, at minimum, that:
   a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see 45 CFR § 75.474, "Travel costs.").
   b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.
   c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.
   d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).
   e. Travel expense reports show purpose and date of trip.
   f. Travel costs are approved by organizational official(s) and funding agency prior to travel.

J. Internal Controls

1. Provide a brief description of the applicant's internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see 45 CFR § 75.303, "Internal controls.")
2. What is your organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?
3. Does the organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.
4. If the organization has a petty cash fund, how is it monitored?
5. Who in the organization reconciles bank accounts? Is this person familiar with the organization's financial activities? Does your organization authorize this person to sign checks or handle cash?
6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

K. Audit

1. What is your organization's fiscal year?
2. Did the organization expend $750,000 or more in Federal awards from all sources during its most recent fiscal year?
3. Has your organization submitted;
   (a) an audit report to the ***Federal Audit Clearing House (FAC)*** in accordance with the Single Audit Act in the last 3 years? (see 45 CFR § 75.501, "Audit requirements" and 45 CFR § 75.216 "Special Provisions for Awards to Commercial Organization as Recipient.") **or**

   b) an independent, external audit? If no, briefly explain. If yes, address the following:

      i. The date of the most recently submitted audit report.

ii. The auditor's opinion on the financial statement.
iii. If applicable, indicate if your organization has findings in the following areas: 1) internal controls, 2) questioned or unallowable costs, 3) procurement/suspension and debarment, 4) cash management of award funds, and 5) subrecipient monitoring.
iv. Include (if applicable):
    1. A description of each finding classified as Material Weakness.
    2. A description of each finding classified as Significant Deficiency.

4. Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.

Appendix IV: Accessibility Requirements

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

The Recipient may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this Notice of Funding Opportunity must comply with the following reporting and review activities regarding accessibility 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: https://www.medicare.gov/about-us/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 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 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 (Recipient), 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 Recipient 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 auxiliary aids and services (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 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 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 (Recipient), name, phone number and e-mail.
   f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.

iii. The Recipient 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 (Recipient), 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 Recipient 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 (Recipient), 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 Recipient 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.

Appendix V. Review and Selection Process

The review and selection process will include the following:

i. Applications will be screened to determine eligibility for further review using the criteria detailed in Sections C. Eligibility Information, and D. Application and Submission Information (with cross-reference to Appendix II), of this NOFO. Applications that are received late or fail to meet the eligibility requirements as detailed in this NOFO or do not include the required forms will not be reviewed. 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.

ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.

iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official who prepares and sends to the appropriate grants official the approval listing. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; the geographic diversity of all applications; and the likelihood that the proposed project will result in the benefits expected.

iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205)

a. Financial stability;

b. Quality of management systems and ability to meet the management standards prescribed;

c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);

d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and

e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.

v. CMS reserves the right to conduct pre-award Negotiations with potential awardees.

Appendix VI. Application Check-Off List

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 www.grants.gov and formatting requirements followed.**

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

Section D and Appendix II: Application and Submission Information

Section E: Application Review Information

Appendix I: Guidance for Preparing a Budget Request and Narrative

- ☐ Required Forms/Mandatory Documents (with an electronic signature by AOR)
- ☐ SF-424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ Project Site Location Form(s)

All documents below are required unless stated otherwise.

- ☐ Applicant's Application Cover Letter (**optional, excluded from page limitations**)
- ☐ Project Abstract (**one** page)
- ☐ Project Narrative (maximum of **fifteen (15)** pages)
- ☐ Business Assessment of Applicant Organization (maximum of **twelve (12)** pages)
- ☐ Work Plan and Timeline (maximum of **five (5)** pages total)
- ☐ Budget Narrative (maximum of **five (5)** pages)
- ☐ Data Collection and Reporting Plan (maximum of **five (5)** pages)
- ☐ Evaluation Plan (maximum of **two (2)** pages)
- ☐ Staffing Plan (maximum of **five (5)** pages)

☐ Negotiated Indirect Cost Rate Agreement (NICRA), if applicable (excluded from page limitations)

Appendix VII. 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, school social workers and counselors, and parent/teacher organizations 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 racial and/or demographic disparities in health insurance coverage. Such groups may include Latino children, AI/AN 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 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 and Renewal 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 and retention of eligible children and adults in Medicaid and CHIP. The broad use of online applications and data driven verifications that preclude the need for applicants and beneficiaries to submit paper documentation have removed even more barriers. Yet, even though the application and renewal processes have been greatly simplified, many families still need help navigating the process and there still is a need for direct application and renewal assistance, either in-person, virtually, or through other channels, especially for individuals who face language and literacy challenges or who need help that is accessible to people with disabilities. As states start to prepare and eventually transition back to normal operations when the PHE ends, ensuring that eligible children retain Medicaid and CHIP coverage is especially critical. Due to disruptions to state operations during the COVID-19 PHE and the continuous enrollment requirement under section 6008 of the FFCRA, states will be faced with a large number of eligibility and enrollment actions (including renewals,

redeterminations, and post-enrollment verifications), which they will need to complete after the PHE ends. It will be essential for states and other stakeholders to work in partnership to conduct outreach and provide assistance to beneficiaries needing to renew coverage and to applicants that may have been inappropriately terminated and need help to re-apply.

Ensuring that consumers have help from trusted sources will increase their confidence and make it more likely that they will apply for, and retain, coverage easily and successfully. CKC 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, virtually or other appropriate venues. Cooperative agreements 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. Cooperative agreement funding may also be used for dedicated outreach initiatives to remind Medicaid and CHIP beneficiaries to update their contact information to ensure receipt of renewal notices, reminders to respond to state requests for additional information at renewal, and assistance with the renewals process. Recipients 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 VIII. Using Parents of Medicaid or CHIP enrolled Children as Mentors to Parents of Uninsured Children

The HEALTHY KIDS Act amended Section 2113(f) of the Act to expand the types of organizations eligible for grant awards to include organizations that use parent mentors. A parent mentor is an individual who is a parent or guardian of at least one child who is enrolled in Medicaid or CHIP and is trained to:

- Educate families with uninsured children about health insurance coverage;
- Assist with completing and submitting applications for health insurance coverage;
- Provide guidance on identifying medical and dental homes and community pharmacies for children;
- Provide assistance and referrals to successfully address social determinants of children's health; and
- Act as a liaison between the families and the state.

The HEALTHY KIDS Act also amended Section 1902(e) of the Act to clarify that parent mentor compensation is not considered countable income and must be excluded from a Medicaid or CHIP MAGI-based eligibility determination.

Parent mentors have been shown to be an effective strategy for enrolling and retaining children in Medicaid and CHIP. A randomized control trial evaluating the use of parent mentors found that parent mentors were more effective than traditional methods in insuring children, achieving faster coverage, and coverage renewal.[22] In addition, children whose parents had parent mentors were less likely to have no primary care provider, problems getting specialty care, and unmet preventative or dental care needs.

As noted in Section E. Application Review Criteria, applicants are encouraged to include evidenced-based outreach and enrollment strategies in their applications. Given the research supporting the use of parent mentors as a means of enrolling and retaining children in Medicaid or CHIP, entities already using parent mentors and entities interested in developing a new parent mentor program are encouraged to apply. Please note, however, organizations that use parent mentors that apply for this cooperative agreement must use an evidence-based approach that includes these key elements:

- In-depth training on obtaining and retaining Medicaid and CHIP and how to assist parents with obtaining medical homes for their children;
- On-going coaching and support by a program coordinator and staff;
- On-going performance monitoring and oversight of parent mentors; and
- Training to provide information and referrals that may assist with social determinants of health such as food, clothing, and housing assistance resources.

[22] Flores G., Lin H., Walker C, et al. Parent Mentors and Insuring Uninsured Children: A Randomized Controlled Trial. Pediatrics. 2016; 137(4): e 0153519.
Flores G., Lin H., Walker C, et al. Parent Mentoring Program Increases Coverage Rates for Uninsured Latino Children. Health Affairs. 2018; 37(3); 403–412.

Appendix IX. Definitions of Frequently Used Terms

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

American Indian/Alaska Native (AI/AN) is:

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 - means a legal instrument of financial assistance between a Federal awarding agency or pass-through entity and a non-Federal entity that, consistent with 31 U.S.C. 6302-6305:

(1) Is used to enter into a relationship the principal purpose of which is to transfer anything of value from the Federal awarding agency or pass-through entity to the non-Federal entity to carry out a public purpose authorized by a law of the United States (see 31 U.S.C. 6101(3)); and not to acquire property or services for the Federal Government or pass-through entity's direct benefit or use;

(2) Is distinguished from a grant in that it provides for substantial involvement between the Federal awarding agency or pass-through entity and the non-Federal entity in carrying out the activity contemplated by the Federal 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 is:

1. A federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. Section1396d(l)(2)(B)]); a hospital defined as a disproportionate share hospital for purposes of section 1923 of the Social Security Act [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 Lunch Act [42 U.S.C. section 1701 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.

Non-Federal entity – means a state, local government, Indian tribe, institution of higher education (IHE), or nonprofit organization that carries out a Federal award as a recipient or subrecipient.

Parent – an individual who is the parent or guardian of CHIP or Medicaid-eligible child.

Parent Mentor – an individual who is the parent or guardian of a CHIP or Medicaid-eligible child and is trained to assist families with children who have no health insurance coverage with respect to improving the social determinants of the health of such children, including by providing:

1. Education about health insurance coverage, including, with respect to obtaining such coverage, eligibility criteria and application and renewal processes;
2. Assistance with completing and submitting applications for health insurance coverage;
3. A liaison between families and representatives of State plans under Title XIX or State child health plans under Title XXI;
4. Guidance on identifying medical and dental homes and community pharmacies for children; and
5. Assistance and referrals to successfully address social determinants of children's health, including poverty, food insufficiency, and housing.

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.

Recipient – means an entity, usually but not limited to non-Federal entities, that receives a Federal award directly from a Federal awarding agency to carry out an activity under a Federal program. The term recipient does not include subrecipients. See also *Non-Federal entity.*

School-based health center - In general, the term "school-based health center" means a health clinic that is:

1. Located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
2. Organized through school, community, and health provider relationships;
3. Administered by a sponsoring facility;
4. Provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
5. Satisfies such other requirements as a State may establish for the operation of such a clinic.

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. §457.402.

Sponsoring facility –Within the context of a school-based health center, defined above, the term "sponsoring facility" may be of the following entities:

1. A hospital;
2. A public health department;
3. A community health center;
4. A nonprofit health care agency;
5. A school or school system; or a
6. A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

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

Subaward – means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Subrecipient – means non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.