

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight**

Expanding Access to Women's Health Grant

Notice of Funding Opportunity Type: New

Funding Opportunity Award Type: Grant

Notice of Funding Opportunity Number: CMS-2R2-24-001

Federal Assistance Listings Number (CFDA): 93.797

Notice of Funding Opportunity Posting Date: June 7, 2024

Applicable Dates:

Letter of Intent to Apply Due Date: July 8, 2024

Electronic Application Due Date: August 7, 2024, 11:59 pm Eastern Standard Time

Anticipated Issuance Notice(s) of Award: September 13, 2024

Anticipated Period of Performance: September 13, 2024 through September 12, 2026

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Executive Summary

Section 2794(c) of the Public Health Service Act (PHS Act) appropriates \$250 million to the Secretary to award grants to States to assist them with the health insurance rate review process from fiscal years (FYs) 2010 through 2014. Section 2794(c)(2)(B)¹ specifies that any rate review grant funds not obligated by the end of FY 2014 will remain available to the Secretary for grants to States for planning and implementing the health insurance market reforms and consumer protections under Part A of Title XXVII of the PHS Act.

Applicants may use grant funds for a variety of objectives related to planning and implementation of the following pre-selected provisions of Part A of Title XXVII of the PHS Act to expand coverage of, and access to, reproductive and maternal health services

- I. Section 2707 – Comprehensive Health Insurance Coverage (Essential Health Benefits Package)
- II. Section 2713 – Coverage of Preventive Health Services

Item	Description
HHS Awarding Agency	Centers for Medicare & Medicaid Services (CMS)
CMS Awarding Center	Center for Consumer Information and Insurance Oversight (CCIIO)
Notice of Funding Opportunity Title	Expanding Access to Women’s Health Grant
Authorization	Section 2794 of the Public Health Service Act (PHS Act)
Federal Assistance Listings Number	93.797
Funding Opportunity Type	New
Funding Opportunity Number	CMS-2R2-24-001

¹ PHS Act section 2794(c)(2)(B) states in full: “If the amounts appropriated under subparagraph (A) are not fully obligated under grants under paragraph (1) by the end of fiscal year 2014, any remaining funds shall remain available to the Secretary for grants to States for planning and implementing the insurance reforms and consumer protections under part A.”

Type of Award	Grant
Type of Competition	Competitive Grant
Letter of Intent	All applicants must submit a mandatory Letter of Intent (signed by the head of the applicable State regulatory agency) by July 8, 2024.
Application Due Date and Time	August 7, 2024 by 11:59 pm EDT (Baltimore, MD)
Anticipated Issuance Notice(s) of Award	September 13, 2024
Period of Performance Start Date	September 13, 2024
Period of Performance End Date	September 12, 2026
Anticipated Total Available Funding	\$11.1M
Estimated Maximum Award Amount	\$210,000 ²
Estimated Maximum Number of Awardees	51

A. Program Description

A1. Purpose

The Expanding Access to Women's Health Grant Program will provide a funding source to States for activities related to planning and implementing the market reforms and consumer protections under the below-listed provisions of Part A of Title XVII of the PHS Act to enhance and expand access to reproductive health and maternal health coverage and services.

² The maximum award amount may increase based upon the number of actual Letters of Intent received. See section B1. Total Funding for more information.

I. Section 2707 – Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

II. Section 2713 – Coverage of Preventive Health Services

A summary of these provisions is found under Appendix VIII, *List and Summary of Provisions under Part A of Title XXVII of the PHS Act for which Grant Funding is Available*.

This Funding Opportunity is open to all fifty States³ and the District of Columbia. Only one application per State is permitted, except for a State in which there is more than one regulating entity responsible for implementation and enforcement of the two pre-selected market reforms and consumer protections identified above. If a State has more than one regulating entity responsible for implementation and enforcement of the two pre-selected market reforms and consumer protections identified above, the State is eligible to submit multiple applications, but will be required to split the total grant award allocated for that State. The regulatory agencies involved must collaborate with each other regarding a proposed budget. Also, each State regulatory agency will be viewed as a distinct recipient responsible for submitting separate programmatic and financial reports required by this Expanding Access to Women's Health Grant Program. All awards are subject to funding availability.

These pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act were selected because of their connection to reproductive health and maternal health coverage and services and the positive impact that CMS anticipates this funding will have on enhancing and expanding access to reproductive and maternal health coverage and services for women in each awardee State.

CMS will award grants through a competitive process.

A2. Authority

CMS administers the Expanding Access to Women's Health Grant Program under the authority of section 2794 of the PHS Act entitled, "Ensuring That Consumers Get Value for Their Dollars." Section 2794 of the PHS Act appropriates \$250 million to the Secretary of HHS to award grants to States to assist them with the health insurance rate review process from FYs 2010 through 2014 (the Rate Review Grant Program). Section 2794(c)(2)(B)⁴ specifies that any appropriated Rate Review Grant funds that are not fully obligated by the end of FY 2014 shall

³ Effective July 16, 2014, HHS determined the definition of "State" in the context of the new PHS Act requirements for health insurance coverage and funding opportunities enacted in Title I of ACA does not include the United States Territories. See 42 U.S.C. § 18024(d). Also see the July 16, 2014, letters to the insurance regulators in Guam, the Virgin Islands, Northern Mariana Islands, American Samoa, and Puerto Rico, available at:

[https://www.cms.gov/ccio/Resources/Letters/index.html#Health Market Reforms](https://www.cms.gov/ccio/Resources/Letters/index.html#Health%20Market%20Reforms). The United States Territories are thus not eligible to apply for awards under the Expanding Access to Women's Health Grant Program.

⁴ PHS Act section 2794(c)(2)(B) states in full: "If the amounts appropriated under subparagraph (A) are not fully obligated under grants under paragraph (1) by the end of fiscal year 2014, any remaining funds shall remain available to the Secretary for grants to States for planning and implementing the insurance reforms and consumer protections under part A."

remain available to the Secretary for grants to States for planning and implementing the insurance market reforms and consumer protections under Part A of Title XXVII of the PHS Act.

A3. Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA), and on March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law (collectively referred to as the “ACA”). The ACA includes a number of provisions that reform the health insurance markets and provide Federal consumer protections through amendments to Title XXVII of the PHS Act and corresponding amendments to the Employee Retirement Income Security Act and the Internal Revenue Code. The ACA also includes significant grant funding for States to work with the Federal government to implement the Federal market reforms and consumer protections.

Section 1003 of the ACA adds a new section 2794 to the PHS Act entitled, “Ensuring That Consumers Get Value for Their Dollars.” Specifically, section 2794(a) of the PHS Act requires the Secretary, in conjunction with the States, to establish a process for the annual review of health insurance premiums⁵ to protect consumers from unreasonable rate increases. Section 2794(c) directs the Secretary to carry out a program to award grants to States.

Congress appropriated \$250 million to be awarded in FYs 2010 through 2014 for the Rate Review Grant Program. Through FYs 2010-2014, there were four cycles of Rate Review Grants awarded. Section 2794(c)(2)(B) specifies that if there are any appropriated Rate Review Grant funds that are not fully obligated by the end of FY 14, such amounts shall remain available to the Secretary for grants to States for planning and implementing the insurance market reforms and consumer protections under Part A of Title XXVII of the PHS Act.

Subsequently, using the authority under Section 2794(c)(2)(B) of the PHS Act, CMS has issued to date three separate grants related to various market reforms and consumer protections under Part A of Title XXVII of the PHS Act. In FY 2017, CMS awarded the Health Insurance Enforcement and Consumer Protections Grant and in FY 2018 and FY 2021, CMS awarded the State Flexibility to Stabilize the Market Grants (Cycle I awarded in FY 2018 and Cycle II awarded in FY 2021).

The provisions in Part A of Title XXVII of the PHS Act include market-wide reforms in the group and individual private health insurance markets intended to protect consumers, increase transparency, and regulate health insurance industry practices.

Please visit the following link on the U.S. Government Publishing Office Website to view the full list of relevant regulations that HHS has published under [Title 45 of the Code of Federal Regulations](#).

⁵ The Patient Protection and Affordable Care Act (PPACA) uses the term “premium” however, the National Association of Insurance Commissioners uses the term, “rate” for purposes of industry review. To remain aligned with industry terminology, “rate” will be used in lieu of “premium” in this grant announcement.

A4. Program Requirements

The Expanding Access to Women's Health Grant Program is a new grant program that will provide a funding source to States for activities related to planning and implementation of the pre-selected provisions under Part A of Title XXVII of the PHS Act to enhance and expand access to reproductive and maternal health coverage and services. Applicants may use grant funds for planning and implementation of a variety of objectives, including but not limited to:

- Developing campaigns to educate women on what reproductive healthcare coverage options and family planning services are available in the State to support a woman's ability to make safe and informed decisions regarding her reproductive health and provide women with more flexibility regarding family planning,
- Expanding access to reproductive health and family planning services,
- Assessing and updating current Essential Health Benefits (EHB)-benchmark plans to include a broader scope of benefits coverage for reproductive and maternal health services, and
- Assessing the cost of broadening coverage of reproductive healthcare services in the State.

Enhancing and expanding coverage of, and access to, reproductive health and maternal health services will aid in reducing maternal and infant mortality rates by ensuring women have access to and are able to obtain timely lifesaving treatments. Each year in the United States, hundreds of women die during pregnancy or in the year after. More than 80% of pregnancy-related deaths in the U.S. are preventable.⁶ Additionally, black women are three times more likely to die from a pregnancy-related condition than white women.⁷ Providing women with reproductive healthcare and maternal healthcare information will help women recognize urgent maternal warning signs, and empower women to advocate for their own health and medical needs when it comes to making critical healthcare decisions.

Through the Expanding Access to Women's Health Grant Program, States may develop activities and programs to address disparities in reproductive and maternal health outcomes resulting from women having difficulty accessing reproductive healthcare information or reproductive healthcare and coverages. Ensuring women have access to reproductive and maternal health coverage, services, and information is a critical component in supporting a woman's ability to make safe and informed decisions regarding her reproductive health and provides women with more flexibility regarding family planning.

Section 2707(a) of the PHS Act requires issuers that offer non-grandfathered coverage in the individual and small group markets to ensure that such coverage includes the EHB package required under section 1302(a) of the ACA, whose ten benefit categories include coverage of preventive and wellness services and maternity and newborn care. The Expanding Access to

⁶ Centers for Disease Control and Prevention. (2023, April 3). Working Together to Reduce Black Maternal Mortality. CDC.gov. Retrieved December 18, 2023, from <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

⁷ Ibid

Women's Health Grant Program will give States the opportunity to use funds to assess and update current EHB-benchmark plans to include a broader scope of benefits coverage for reproductive health and maternal health coverage and services.

The Expanding Access to Women's Health Grant Program also provides the opportunity for States to use funds to develop campaigns to educate women on what reproductive healthcare coverage options and family planning services are available in a State, and to assess the cost of broadening reproductive healthcare in the State.

Prior to the ACA, consumers faced more financial obstacles in obtaining birth control than they may today. Under Section 2713 of the PHS Act, non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance coverage are required to provide coverage without imposing any cost-sharing requirements for a range of recommended preventive services. With respect to women, plans and issuers are required to cover, without imposing cost-sharing requirements, preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). The currently applicable [HRSA-supported Women's Preventive Services Guidelines](#) recommends that as part of their contraceptive care, women have access to the full range of Food and Drug Administration (FDA)- approved, -granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures. The Expanding Access to Women's Health Grant Program also provides the States the opportunity to ensure that coverage of the required preventive health services is provided without cost sharing to women by enhancing their review of issuer form filings through the development of additional tools and/or checklists, as well as performing targeted market conduct examinations of health insurance issuers.

Recommended Areas of Focus for Activities

The goal of the Expanding Access to Women's Health Grant Program is to support State planning and implementation efforts with respect to the pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act to enhance and expand coverage of and access to reproductive and maternal health services. Provided below are recommended areas of focus for these grant-related activities.

Section 2707 – Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

States may use grant funds to:

- Assess and update current EHB-benchmark plans to include broader scope of benefits coverage for reproductive health and maternal health coverage and services are available in the State to support a woman's ability to make safe and informed decisions regarding her reproductive health and provide women with more flexibility regarding family planning,
- Conduct surveys, interviews, and focus groups with women to gauge their knowledge of, access to, and satisfaction with their State's EHB-benchmark plan selection as it pertains to their reproductive healthcare needs,

- Consult with medical providers or associations on how best to update the State’s EHB-benchmark plans to include broader scope of benefits coverage for reproductive and maternal healthcare services,
- Research other State EHB-benchmark plans and perform an analysis of potential adjustments to the respective State’s existing EHB-benchmark plan to support a broader scope of benefits coverage for reproductive and maternal healthcare services.

Section 2713 - Coverage of Preventive Health Services

Women continue to experience difficulties accessing contraceptive healthcare without cost sharing. States may use grant funds to engage in activities including:

- Design and disseminate educational materials to help women understand their ability to obtain contraceptive healthcare without cost sharing, as well as provide additional information, such as website addresses or phone numbers, for local contraceptive and maternal healthcare providers as additional resources.
- Conduct workshops and seminars to educate consumers on the coverage options they have regarding reproductive healthcare in their State as well as in other States.
- To ensure that coverage of the required preventive health services is provided without cost sharing to women, States may also use grant funds to enhance their review of issuer form filings through development of additional tools and/or checklists and perform targeted market conduct examinations of health insurance issuers. These activities will help ensure that the State is able to identify whether or not health insurance issuers are providing coverage of the required preventive health services without cost sharing.

A5. Technical Assistance and Information for Prospective Applicants

Before the mandatory signed Letter of Intent due date of July 8, 2024, CMS will post on its [website](#) a pre-recorded presentation to potential applicants that will provide an overview of the grant program, offer budget guidance, and walkthrough the guidance provided by this Notice of Funding Opportunity (“Funding Opportunity”).

B. Federal Award Information

B1. Total Funding

Under section 2794 of the PHS Act, funds are available to support grants as necessary to fulfill the purpose of this funding opportunity to all eligible States and the District of Columbia. CMS is anticipating approximately a total of \$11.1 million will be available for the Expanding Access to Women’s Health Grant Program, pending availability of funds.

The amount of funds awarded to each recipient will be conditional upon funding availability and the number of awarded applicants. All applicants must submit the mandatory, signed Letter of Intent to apply by the July 8, 2024 deadline. At a minimum, the baseline funding for the

Expanding Access to Women's Health Grant is \$210,000 for the two-year project period. However, the total award amount may increase based upon the number of Letters of Intent received.

Following submission of the mandatory, signed Letters of Intent, CMS will inform States of funding allocations, including whether baseline award amounts have increased and if there are sufficient funds available for the “Workload” supplemental awards. The baseline funding formula will be consistent, regardless of how many market reforms an Applicant selects. Workload funds are determined based on the population and number of health insurance issuers in the State, as further described in Appendix VII, “*Workload- Funds Example.*” Prior to July 12, 2024, CMS will provide applicants that submitted a signed Letter of Intent with information on maximum award amounts allocated to each State.

B2. Award Amount

Award amounts will consist of Baseline and Workload awards, as follows:

- **Baseline Award Amount:** Each eligible State will be awarded a minimum of approximately \$210,000⁸ baseline award for 24 months.
- **Workload Awards:** Workload funds will only be available if there are sufficient funds available after providing baseline awards for all eligible applicants.

Funding Formula for Workload Awards: States may be eligible to receive additional grant funds based on the State population size and the number of issuers with five percent or more market share (combined individual and small group markets) within the State, as further described in Appendix VII, “*Workload Funds-Example.*”

If funding is available for Workload awards, the Workload funds will be awarded along with the Baseline Award. CMS will inform States whether sufficient funds are available for Workload funds following CMS’ review of the submitted mandatory Letters of Intent. See Appendix VII, “*Workload Funds Example*” for additional information.

B3. Anticipated Award Dates

Expected Award Date: September 13, 2024.

B4. Period of Performance

The grant will have a project and budget period of 24 months from the award date.

B5. Number of Awards

⁸ The maximum award amount may increase based upon the number of actual Letters of Intent received. See section B1. Total Funding for more information.

Up to an estimated 51 Baseline awards.

However, if a State has more than one regulating entity responsible for implementation and enforcement of the following two pre-selected market reforms and consumer protections under Part A of Title XVII of the Public Health Service Act (PHS Act):

I. Section 2707 – Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

II. Section 2713 – Coverage of Preventive Health Services

The State will be eligible to submit multiple applications, but will be required to split the total grant award allocated for that State. The regulatory agencies involved must collaborate with each other regarding a proposed budget. Also, each State regulatory agency will be viewed as a distinct recipient responsible for submitting separate programmatic and financial reports required by this Expanding Access to Women’s Health Grant Program. All awards are subject to funding availability.

B6. Type of Award

Funding Instrument Type: Grant

B7. Type of Competition

This NOFO is open to all eligible applicants identified in Section C1. Eligible Applicants.

C. Eligibility Information

C1. Eligible Applicants

These types of entities may apply:
State governments.

Government Organizations



State governments



County governments



City of Township governments



Special District governments



Native American tribal governments (Federally recognized)

☐ ☐ Native American tribal organizations (other than federally recognized tribal governments)

Education Organizations

☐ ☐ Independent School Districts

☐ ☐ Public and State Controlled Institutions of Higher Education

☐ ☐ Private institutions of higher education

Public Housing Organizations

☐ ☐ Public housing authorities

☐ ☐ Indian housing authorities

Nonprofit Organizations

☐ ☐ Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

☐ ☐ 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 Funding Opportunity is open to all fifty States⁹ and the District of Columbia. Only one application per State is permitted, except for a State in which there is more than one regulating entity. See Section C5. Single Application Requirement for more information.

Please refer to Section A.3. for the PHS Act provisions applicable to this Funding Opportunity.

Applicants must submit the following letters (or other permissible document as outlined):

⁹ Effective July 16, 2014, HHS determined the definition of “State” in the context of the new PHS Act requirements for health insurance coverage and funding opportunities enacted in Title I of ACA does not include the United States Territories. See 42 U.S.C. § 18024(d). Also see the July 16, 2014, letters to the insurance regulators in Guam, the Virgin Islands, Northern Mariana Islands, American Samoa, and Puerto Rico, available at: [https://www.cms.gov/ccio/Resources/Letters/index.html#Health Market Reforms](https://www.cms.gov/ccio/Resources/Letters/index.html#Health%20Market%20Reforms). The United States Territories are thus not eligible to apply for awards under the Expanding Access to Women’s Health Grant Program.

- A letter attesting that the State is not receiving other Federal grant dollars for the same activity(ies) for which it will receive (if awarded) Expanding Access to Women’s Health Grant funds,¹⁰ signed by the head of the applicable State regulatory agency; and
- A State certification of Maintenance of Effort verifying that the grant funds will not supplant existing State expenditures for related reproductive and maternal coverage and services activities, signed by the head of the applicable State regulatory agency.

These two letters may be combined into one if both requirements are fully addressed.

C2. Cost Sharing or Matching

Cost sharing or matching is not a requirement for this program.

C3. Letter of Intent

A Signed Letter of Intent is required.

The purpose of the Letter of Intent is to determine the number of applications and total funding for award-planning purposes. A Letter of Intent must include (1) a brief explanation of a State’s intent to apply for the Expanding Access to Women’s Health Grant Program and (2) contact information, including the State’s street address and a contact person’s name, position, e-mail address, and phone number, and (3) the signature of the head of the applicable State regulatory agency. Following review of the Letters of Intent, eligible applicants will be notified of the maximum baseline and workload award amount available.

Please note that submitting a Letter of Intent is mandatory to apply. The signed Letter of Intent must be submitted electronically in PDF format to James.Taing@cms.hhs.gov by July 8, 2024.

C4. Ineligibility Criteria

The applicant must ensure that they are only seeking funding to plan and implement those activities that they are not currently receiving Federal grant funding to plan and implement.

C5. Single Application Requirement

There will be no more than fifty-one initial Baseline Amounts awarded, for each of the fifty States and the District of Columbia.

However, if a State has more than one regulating entity responsible for implementation and enforcement of the following two pre-selected market reforms and consumer protections under Part A of Title XVII of the Public Health Service Act (PHS Act):

¹⁰ EHB grant activities not currently funded through the State Flexibility to Stabilize the Market Cycle II Grant Program are allowable under the Expanding Access to Women’s Health Grant Program.

I. Section 2707 – Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

II. Section 2713 – Coverage of Preventive Health Services

The State will be eligible to submit multiple applications, but will be required to split the total grant award allocated for that State. The regulatory agencies involved must collaborate with each other regarding a proposed budget. Also, each State regulatory agency will be viewed as a distinct recipient responsible for submitting separate programmatic and financial reports required by this Expanding Access to Women's Health Grant Program. All awards are subject to funding availability.

C6. Continued Eligibility

Continued access to funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds.

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 period of performance, recipients could receive decreased funding or their award could be terminated in accordance with 45 CFR § 75.372 "Termination" if they fail to perform the requirements of the award.

Satisfactory performance for selected award recipients includes but not limited to: meeting the milestones proposed in the grant application and outlined in the Work Plan to continue to be eligible throughout the project period.

C7. EIN, UEI, Login.gov and SAM Regulations

All applicants must have the following to apply to submit an application to Grants.gov:

- a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN)
- a Unique Entity Identifier (UEI)
- a Login.gov account, and
- active registration in the [System for Award Management \(SAM\)](#) database

See Appendix II. Application and Submission Information on how to get registered.

C8. Faith-Based Organizations

Faith-based organizations are not eligible to apply.

C9. Other Eligibility Requirements

Not applicable.

D. Application and Submission Information

D1. Address to Request Application Package

You must submit your application through Grants.gov. Grants.gov has information about the online application process. See “How to Apply for Grants” at Grants.gov for electronic submission instructions. Refer to Appendix II. Application and Submission Information for additional requirements and instructions.

D2. Content and Form of Application Submission

a. Application format

Any application that is ineligible, incomplete, or non-responsive will not move forward.

Disqualifying Factors

CMS may not consider an application that:

- Is from an organization that does not meet the eligibility conditions.
- Requests funding above the award ceiling shown in the funding range, unless CMS announces that the applicant qualifies for additional funding due to the actual number of Letter of Intent's received
- Is not submitted through Grants.gov.
- Is incomplete based on the initial screening.

However, the CMS, Division of Grants Management Director/Deputy Director may continue the review process for an ineligible application 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:

- 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 Work Plan may be single-spaced. The page limit for this document is 5 pages.
- The Budget Narrative 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 (SF-424, SF-424A, SF-LLL)
 - Application Cover Letter/Cover Page (required)
 - Copy of Letter of Intent
 - Project Site Location Form, and
 - Indirect Cost Rate Agreement/Cost Allocation Plan.
- Required supporting documentation. See Section D2. h. Required Supporting Documentation for more information.

b. Standard forms

You must complete the five standard forms identified below. You can also view them and see their instructions at [Grants.gov Forms](#).

1. Project Abstract Summary

Write a one-page summary of the proposed project including the purpose and outcomes. Do not include any proprietary or confidential information. We will use this document for information sharing and public information requests if you get an award. Be succinct and use plain language.

Include:

- Goals of the project
- Total budget
- Description of how funds will be used.

2. SF-424: Official Application for Federal Assistance

You must complete all sections of the SF-424.

The Authorized Organizational Representative (AOR) must complete and electronically sign 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 applicant's designated representative, who can make legally binding commitments for your organization. When the AOR authorizes an application, they agree that the organization will assume all award obligations.

Special instructions include:

☐ **In Item 15 “Descriptive Title of Applicant’s Project”:**

HHS awarding agencies must establish detailed and accurate award descriptions at the time they make a federal financial assistance award. Award descriptions are:

- critical to ensuring accountability and transparency and
- a primary means to inform the public of the purpose of the federal funding that is distinct from the programmatic level information in the Assistance Listings.

Elements of a Strong Award Description

Robust award descriptions provide an understanding of the award’s purpose and include a description of award-specific activities and purpose. A strong award description will have all the following elements:

Specifics about the award purpose

- Activities to be performed
- Expected deliverables and outcomes
- Intended beneficiary(ies) or recipients
- Subrecipient activities, (if known)

Characteristics of a Strong Award Descriptions

A strong award description will have the following characteristics:

- Uses plain language an average reader can fully understand
- Is brief and succinct
- Is unique on USA Spending
- Does not use or limits abbreviations or acronyms

Examples of Strong Award Descriptions:

The Council of Inspectors General on Integrity and Efficiency’s Pandemic Response Accountability Committee (PRAC) shared the following examples of effective award descriptions. These, or other agency-specific examples, can be shared with applicants to assist them in developing their award descriptions.

- **Example One:** Construction of pedestrian & bicycle facilities on the Broadway corridor. Broadway @ St. James St- Foxhall Ave. Streetscape improvements & enhancements include sidewalks, curbing, bike lanes, ped bump-outs, and lighting.
- **Example Two:** Levittown Beauty Academy, LLC is creating distance education for students affected by Covid-19. Schools cannot use physical location and students are now doing their schoolwork online.

☐ **Check “No” to item 19c. as review by State Executive Order 12372 does not apply.**

3. SF-424A: Budget Information Non-Construction

4. SF-LLL: Disclosure of Lobbying Activities

You must submit the SF-LLL form. If you do 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 used 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.**

5. Project/Performance Site Location(s) Form

This form is required as part of the application package and must be submitted for the application to be considered eligible for review. Please note that the application kit available online in Grants.gov is used for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs.

c. Application cover letter or cover page (required)

The applicant is required to include a cover letter or cover page to detail its interest in participation in the Expanding Access to Women’s Health Grant Program.

d. Project Narrative (maximum of 15 pages)

The project narrative should give a clear and concise description of your project. Articulate in detail the proposed goals, measurable objectives, and milestones in accordance with the instructions and content requirements provided below, consistent with the criteria described in A4. Program Requirements and Section E1. Criteria. Review these sections carefully to make sure you answer all questions and cover all topics the reviewers will look at.

Both the required and optional sections of the Project Narrative are described below. For expansion of reproductive health and maternal coverage and services activities under each selected market reform, the applicant must address the following sections:

- **Section (i), ““Eligibility”**
- **Section (ii), “Description of Current Processes;”** and
- **Section (iii), “Proposed Activities for Expanding Access to Reproductive and Maternal Health Coverage and Services”**
- **Section (iv) “Evaluation”**
- **Section (v), “Commitment to Mentor States” (optional)**

Section (i), Eligibility

Mandatory: *This section is mandatory for all applicants.*

Each applicant must identify the criteria under which they are eligible for an Expanding Access to Women's Health Grant and describe how the applicant meets the relevant eligibility criteria. An applicant must be an agency responsible for oversight and implementation of the pre-selected market reform and consumer protection provisions referenced throughout this Notice of Funding Opportunity in one of the 50 States or the District of Columbia.

Section (ii), Description of Current Processes

Mandatory: This section is required for all applicants.

As part of the Project Narrative, applicants must provide a detailed description of their current efforts to plan and implement the identified pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act to enhance and expand reproductive and maternal health coverage and services. States must include in the Project Narrative a comprehensive description of the State's current authority and/or process for each of the activities that they plan on pursuing with the grant.

Section (iii), Proposed Activities for Expanding Access to Reproductive and Maternal Health Coverage and Services

Mandatory: This section is required for all applicants.

The Expanding Access to Women's Health Grant provides States a funding source for activities that enhance and expand access to reproductive health and maternal coverage and services.

Applicants may use grant funds for planning and implementation of a variety of objectives, including but not limited to:

- Developing campaigns to educate women on what reproductive healthcare coverage options and family planning services are available in the State,
- Expanding access to reproductive health and family planning services,
- Assessing and updating current EHB-benchmark plans to include broader scope of benefits coverage for reproductive health and maternal health coverage and services are available in the State to support a woman's ability to make safe and informed decisions regarding her reproductive health and provide women with more flexibility regarding family planning,
- Assessing the cost of broadening coverage of reproductive healthcare services in the State.

Section (iv), Evaluation Plan

Mandatory: This section is required for all applicants.

To ensure accountability, States are required as part of the grant application to:

- describe the current state of their program,
- identify the goal(s) of the grant funding,
- specify how the grant funds would be used to achieve the identified goal(s), and

provide a description of how the State would measure success of the outcome(s). Throughout the course of the grant period, States will be required to provide quarterly reports that specify the milestones being met to achieve the goal(s) or outcome(s).

The Project Narrative must include specific measures on how the recipient will evaluate its progress and measure the success of its program. Please provide baseline information or data for each measurable objective to be evaluated. The recipient is expected to update information and data for each measure as part of the quarterly report and provide an evaluation plan that will assess the program on the overarching goals of the project. The recipient is also expected to comply with Federal evaluation requirements. Specifically, applicants are required to include all of the following in their application:

- Discussion of chosen key indicators to be measured;
- A description of baseline data for each indicator;
- Methods to monitor progress and evaluate the achievement of program goals both on an ongoing basis and at the conclusion of the program; and
- Inclusion of plans for timely interventions when targets are not met or obstacles delay progress.

Section (v), Commitment to Mentor States¹¹

*This section is **optional** for all grant applicants.*

States may agree to mentor and collaborate with other States on discussing and sharing progress on activities and best practices. See Section D.9 for additional information.

e. Work Plan (maximum 15 pages)

*This section is **required** for all applicants.*

Each State is required to develop and submit a Work Plan that outlines specific milestones for successful planning and/or implementation of proposed activities outlined in the grant application. These milestones must be articulated clearly, be measurable, and be appropriate for the period of performance. The Work Plan must:

- Indicate which milestones the Program plans to meet within the associated timeframes.
- The incremental steps to achieving these milestones must also be identified by the months in which they start, are carried out, and completed.

States are permitted to do a separate Work Plan for different aspects of their grant application. There is not a specified template for the Work Plan. At the beginning of the Work Plan, please include a title that includes the words “Work Plan” in it. Each State will also provide Progress Metrics towards each of their objectives as described in Section F4, *Reporting*.

¹¹ See D.9, “Other Submission Requirements,” on page 26.

f. Budget Narrative (maximum of 5 pages)

Applicants must provide supplement Form SF-424A with a Budget Narrative. The Budget Narrative includes a yearly breakdown of costs for each line item outlined in the SF-424A, according to a 12-month period. Include a clear description of the proposed set of services covered with award funds for each activity/cost within the line item. The application must clearly define the proportion of the requested funding designated for each activity and justify the applicant's readiness to receive funding. The budget separates out funding administered directly by the lead agency from funding subcontracted to other partners. Voluntary committed cost sharing or matching is not expected unless specifically stated otherwise in section C2.

Detailed budget justifications must be provided for each activity/cost proposed to be funded under this award along with full computations for budget estimates. Also clearly link each activity to the goals/milestones of this NOFO and be consistent with program requirements. Indirect costs must be reasonable and are only reimbursable in accordance with HHS grants policy.

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.

g. 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.

h. Required Supporting Documentation

The following supporting documentation must accompany the application. This information is **excluded** from the page limit for applications.

- a) Applicants must submit the following letters:
 - Each applicant must submit a letter attesting that the State is not receiving other Federal grant dollars for the same activity(s) for which it will receive the Expanding Access to Women's Health Grant funds, signed by the head of the applicable State regulatory agency; and
 - State certification of Maintenance of Effort verifying that the grant funds will not supplant existing State expenditures for related reproductive and maternal coverage and services activities, signed by the head of the applicable State regulatory agency. There is no designated form for the State certification of "Maintenance of Effort."

These two letters may be combined into one if both requirements are fully addressed.

- b) The State must provide a clear delineation of the roles and responsibilities of project staff and how they will contribute to achieving the project's objectives including:

- The State’s capacity to implement the proposed project and manage grant funds, including a reasonable and cost-efficient budget; and
- An organizational chart and job descriptions of staff who will be dedicated to the project indicating the time that staff will spend on grant activities.

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. register in SAM.gov 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 [Grants.gov](https://www.grants.gov) by the date and time set forth below. Applications received after 11:59 pm, Eastern Time, of the date set forth below will not be reviewed or considered for award.

Due Date for Applications

August 7, 2024

11:59 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 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 grants.

D6. Cost Restrictions

Direct Costs

Funding under this NOFO can only cover State functions to enhance and expand access to reproductive health and maternal coverage and services.

Indirect Costs

See section F2. Administrative and National Policy Requirements of this NOFO for more information on indirect costs.

Prohibited Uses of Award Funds

Costs related to the following activities or items are not allowable unless an exception is specifically authorized by statute or stated otherwise in this NOFO:

- Pre-award costs.
- Matching any other Federal funds or local entities.
- 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.
- Goods or services not allocable to the approved project.
- Supplanting existing State, local, Tribal or private funding of infrastructure or services, such as staff salaries, etc.
- Construction.
- 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.
- The cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- 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.
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216 to make sure this does to apply to any proposed equipment in your application.
- Meals unless in limited circumstances such as:
 - Subjects and patients under study;
 - Where specifically approved as part of the project or program activity (not grantee specific), e.g., in programs providing children's services; and
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Funding the provision of healthcare, including reproductive and maternal healthcare.

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
2024-6-7

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.

D8. HHS Form 690

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Subrecipients that receive funding from Recipients (including contractors under grants) rather than directly from CMS, also are required to file an HHS 690. The applicant/recipient is responsible for determining whether those organizations have the required Assurance on file and, if not, ensuring that it is filed with OCR.

D9. Other Submission Requirements

Commitment to Mentor States (Optional)

States may agree to mentor and collaborate with other States on activities related to expanding access to reproductive health and maternal coverage and services. Interested States must provide additional information per the Mentor section in the application.

E. Application Review Information

E1. Criteria

This Funding Opportunity provides States with a funding source for activities related to planning and implementing the pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act that enhance and expand access to reproductive and maternal health coverage and services. Applicants will be evaluated according to the type of activities proposed and based on the information outlined in their application.

Merit reviewers use the NOFO to evaluate and recommend approval or denial of each application. Applicants should pay particular attention to Sections **A4. Program Requirements** and **D2. Content and Form of Application Submission**.

E2. Merit Review and Selection Process

For detailed information on the Review and Selection Process, please refer to Appendix V, *Merit Review and Selection Process*.

Awards may be adjusted to a lower amount if the applicant fails to meet performance milestones (refer to section F4. 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 unless statutorily prohibited.

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 threshold¹², 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

¹² *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 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.

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, applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer. The NoA is the legal document authorizing the grant award and issued to the applicant as listed on the SF-424. The NoA is available to the applicant organization through the online grants management system used by CMS and recipient organizations, GrantSolutions. 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 of the program.

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. 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 award 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.

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.

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](#) 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 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 set of cost principles depends on the type of organization. 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 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), 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 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](#). 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 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 \(HHS GPS\)](#)**. 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 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.

Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance

Should you successfully compete for an award, Recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. **See Section D8 for additional information regarding HHS 690.** This includes ensuring that entities take reasonable steps to provide meaningful access to persons with limited English proficiency; and appropriate steps to ensure that communication with persons with disabilities, including companions, is as effective as communications with others. Where applicable, Title IX and Section 1557 prohibit discrimination based on sex, which includes discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes. 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/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- 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/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, 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/for-individuals/sex-discrimination/index.html>.

- For guidance on administering your project 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>.

Material Noncompliance

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.

Bankruptcy. In the event a recipient or one of its subrecipients enters 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 all the legal pleadings, and
- a listing of Government grant and cooperative agreement numbers and grant offices for all, and
- 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 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. Reporting

Integrity and Performance Reporting. The NoA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

a. Progress Reports

All successful applicants under this funding opportunity must comply with the reporting and review activities as referenced under this section A5 (subsections a-f). The drawdown of funds will be dependent on CMS acceptance of the required quarterly and annual reports and the grantee's performance toward specified milestones according to the set due dates as outlined in this Funding Opportunity and in the terms and conditions provided with the Notice of Award (NoA). CMS will work closely with each State to evaluate its progress against its Work Plan and may condition the availability of funding on a State's demonstrated progress toward the proposed Work Plan. CMS Project Officers will track each State's progress and provide technical assistance when needed.

Quarterly Progress Reports

Grantees must provide CMS with 3 Quarterly Progress Reports for each 12-month period, which contains information such as, but not limited to, project status, implementation activities initiated, accomplishments, barriers, and lessons learned in order to ensure that funds are used for authorized purposes. Such performance includes submission of the State's progress toward the milestones identified in its Work Plan. CMS reserves the right to restrict funds for activities related to unmet milestones. More details of the required quarterly report will be outlined in the NoA. The report must include, but will not be limited to:

1. Cumulative summary on the progress of the required milestones
2. Updates on Work Plan components, timeline, and Progress Metrics
3. Budget updates
4. Changes in authority; if applicable
5. Lessons learned

Annual Progress Report

Grantees must provide CMS with an Annual Report after the end of the first 12-month period. For the final grant year, a Final report will replace the Annual Report. The Annual Report will demonstrate and summarize the State's progress toward the milestones identified in its Work Plan over the past 12 months. HHS reserves the right to restrict funds for activities related to milestones not met. More details of the annual report, including the due date, will be outlined in the NoA.

Final Progress Report

The Final Report will include an evaluation of the State's progress toward the milestones identified in its Work Plan and overarching success of the State's implementation of the pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act. More details on the requirements of the Final Report will be outlined in the NoA.

Work Plan Updates

The Work Plan will demonstrate progress towards identified milestones in the grant. Each State will be required to submit an updated Work Plan in the Quarterly Progress Report, if there is any variation from the original work plan. CMS Project Officers will track State progress using these updated Work Plans and progress made towards milestones.

CMS will work closely with a State in the event that a State updates its Work Plan as its plans evolve, and CMS will make technical assistance available to facilitate and support State progress throughout the period of performance.

Additionally, States will need to provide Progress Metrics, as described below, *Demonstrating Progress towards Milestones*, for each of the grant's activity.

Demonstrating Progress towards Milestones

To establish quantitative measurement of the goal(s), the terms and conditions of the grant award will require States to provide updates on the completion of each activity on a quarterly basis,

based on the Reporting Metrics described below, which will provide metrics for CMS to monitor the progress of each proposed activity.

Additional technical assistance will be available to States that are not showing progress toward the required milestones; however, CMS may restrict future grant funds for certain grant activities if milestones are not met.

Progress Metrics:

Stage 0 – No work has begun on stated goal.

Stage 1 – Project Plan has been created and staff has been assigned to task. The work on achieving the goal has initially begun.

Stage 2 – Goal of the Project Plan is underway, and any refinements or adjustments to original Project Plan were made.

Stage 3 – Goal of the Project Plan is halfway complete and continuously being worked on.

Stage 4 – Deliverables are beginning to finalize and proposed goals are nearly completed.

Stage 5 – 100% of stated goal has been completely achieved.

b. Financial Reports

HHS recipients are required to record recipient expenses in real-time as well as submit semi-annual or annual expenditure FFRs as described below.

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 [FSRS.gov](https://www.fdsys.gov/FRS/FSRS.gov).

D. Audit Requirements

Recipients must comply with audit requirements outlined in HHS regulation [45 CFR Part 75 \(implementing 2 CFR Part 200\)](https://www.ecfr.gov/current/title-45/chapter-I/subchapter-A/part-75). See Subpart F – Audit Requirements.

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification;

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation and insert in “Other Relevant Documents.”

G. CMS Contacts

G1. Programmatic Questions

For Programmatic questions about this funding opportunity, please contact:

Name: Jim Taing

James.Taing@cms.hhs.gov

G2. Administrative/Budget Questions

For administrative or budget questions about this funding opportunity, please contact:

Name: Iris Grady

Iris.Grady@cms.hhs.gov

H. Other Information

Publication of this NOFO does not obligate CMS to award any specific project or to obligate any available funds.

CMS may cancel or withdraw this NOFO at any time.

Award decisions are discretionary and are not subject to appeal to any CMS or HHS official or board.

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. Voluntary committed cost sharing or matching is not expected unless specifically stated otherwise in section C2.
- *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 1 line 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).

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. Voluntary committed cost sharing or matching is not expected unless specifically stated otherwise in section C2. Insufficient budget detail and justification may negatively impact the review of the application.

A sample Budget Narrative is included below.

(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 [OPM website](#) to determine the applicable current salary cap.

Sample Budget

<i>Personnel Total</i>	<i>\$</i> _____
<i>Grant</i>	<i>\$</i> _____
<i>Recipient Share</i>	<i>\$</i> _____
<i>Sources of Funding</i>	_____

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	\$
Recipient Share	\$
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](#).

Sample Budget

Fringe Benefits Total	\$
Grant	\$
Recipient Share	\$

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

<i>Equipment Benefits Total</i>	<i>\$ _____</i>
<i>Grant</i>	<i>\$ _____</i>
<i>Recipient Share</i>	<i>\$ _____</i>
<i>Sources of Funding</i>	<i>_____</i>

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. 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	\$ _____
Recipient Share \$	_____
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

<i>Other Total</i>		\$ _____
<i>Grant</i>		\$ _____
<i>Recipient Share</i>		\$ _____
<i>Sources of Funding</i>		

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. **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.

How to Apply for CMS Grants

Register and Get Ready

Register and get ready at least one month before funding opportunity opens.

Every applicant organization and sub-recipient organization must have the following five registrations in place to submit a grant application:

1. Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN)
2. Unique Entity Identifier (UEI) registration;
3. System for Award Management (SAM.gov) registration;
4. Login.gov account; and
5. Grants.gov registration

All five registrations are free, but the process can take one month or longer. If you plan to apply for a CMS grant, do not delay. Get registered today!

If you have already completed registrations for SAM and Grants.gov, ensure that your accounts are still active.

Employer Identification Number (EIN)

You must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Begin the process of obtaining an EIN/TIN as soon as possible to ensure this information is received in advance of application deadlines. The process to obtain an EIN typically takes up to 5 weeks.**

Unique Entity Identifier (UEI)

All applicants must have a unique entity identifier (UEI) at the time of application submission. A Unique Entity Identifier (UEI) is a number that identifies your entity registration in SAM.gov. This identifier is assigned by SAM.gov. The Office of Management and Budget (OMB) requires the Unique Entity ID to be used across federal systems, governmentwide, for federal award purposes. Additional information is available on [SAM.gov](https://sam.gov).

System for Award Management (SAM)

Initial registration on SAM.gov can take between three days and two weeks. Note that SAM.gov registrations must be updated every year, which can take five days. View user guides, frequently asked questions, and other support tools in the [HELP](#) section of the SAM website.

You must register in the System for Award Management (SAM) database before you apply to Grants.gov. UEI and EIN/TIN numbers are required to complete the registration process. To register one or more domestic entities and appoint an entity administrator, you must send a notarized letter to SAM.

Begin the SAM registration process as soon as possible 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).

After you [register with SAM](#), you must update the information there every 12 months for your account to remain active. Grants.gov rejects electronic submissions from applicants with expired registrations. If your SAM account expires, the renewal process requires the same validation as required for a new account.

Primary awardees must maintain a current registration with the SAM database and **may make subawards only to entities that have UEI numbers.**

Grants.gov

[Grants.gov](#) is an online portal for submitting federal award applications. It requires a one-time registration to submit applications. All competitive Notice of Funding Opportunities must be submitted electronically through Grants.gov.

Search for the CMS application package in by entering the Federal Assistance Listings number. This number is shown on the Federal Assistance Listings website at SAM.gov and the cover page of the Notice of Funding Opportunity (NOFO).

For assistance with this process contact Grants.gov [Support](#) 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

1. **[Register](#) to obtain a Grants.gov username and password.**
 - Click the Register link and complete the on-screen instructions.
 - The person submitting your application must be registered with Grants.gov as the Authorized Organizational Representative (AOR) for the specific UEI number cited on the SF-424 (first page). See the [Applicant Training](#) page for details.
2. **Link your Grants.gov account to a Login.gov account.**
3. ***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 your grant applications. To add an organizational profile, enter the UEI (Unique Entity Identifier) for the organization in the field while adding a profile. For more detailed instructions about creating a profile click [here](#).
4. ***Establish EBiz POC Authorized Profile Roles:***
- EBiz POCs will no longer use their UEI or DUNS Number during login. EBiz POCs will use an applicant account associated with their email address and UEI (Unique Entity Identifier) by using an existing applicant account or [registering a new one](#).
 - EBiz POCs will login using multi-factor authentication through [Login.gov](#). The Expanded AOR (Authorized Organizational Representative) role will be automatically assigned to the EBiz POC. Users with the Expanded AOR can control organization preferences, user access, and apply for grants with the same account. To be recognized as EBiz POC in Grants.gov, users will need to use an applicant account with an email address that matches the SAM.gov account email address for their organization.
 - Click [here](#) for more details.
5. ***Track Your Application Status:***
6. ***Electronic Signature:***
- The name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serves 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.**

Getting Started in Workspace:

[Workspace](#) is the standard way for organizations to apply for federal grants in Grants.gov. Workspace allows a grant team to simultaneously access and edit different forms within an application.

Create a Workspace.

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.

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 UEI Number. Once it is completed, the information will transfer to the other forms.

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.

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.

Application Completion & Proof of Timely Submission

All grant and cooperative agreement applications must be submitted electronically and **received** through [Grants.gov](#) by **11:59 p.m. Eastern Standard or Daylight Time** (Baltimore, MD) by the applicable deadline date noted in the NOFO.

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 AOR who submitted the application will receive an acknowledgement of receipt and a tracking number (GRANTXXXXXXXX) with the successful transmission of their application. The AOR 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, you may incur a time delay before you receive acknowledgement that the application has been accepted by the Grants.gov system. **Applicants should not wait until the application deadline to apply.** Notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline. Consequently, you may not be able to correct errors and resubmit the application. Applications submitted after the deadline, because of errors on the part of the applicant, will not be reviewed.

Once CMS successfully downloads the application from Grants.gov, the AOR will receive an electronic acknowledgment of receipt of the application. Proof of timely submission will 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 may 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. 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.

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 the Grants.gov at support@grants.gov 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 (include PMS prefix and suffix, if applicable-ex. **1-12356789-A1**):
 - 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 more than:
 - 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, in accordance with applicable law:

Accessibility Requirements:

1. **Public Notification:** If you have a public facing website, you must post a message at a conspicuous location on the website no later than **30** business days after award that notifies your customers of their right to receive an accessible format to include appropriate auxiliary aids and services or language assistance services. 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, but must state that your program provides appropriate auxiliary aids and services and language assistance services free of charge when necessary for compliance with § 1557 or its implementing regulation, to participants, beneficiaries, enrollees, and applicants of the program, and to members of the public. The notice must be in English and at least the 15 languages most commonly spoken by LEP individuals within the State and be provided in alternative formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication. Note that § 1557 and its implementing regulation also require that this notice be provided on an annual basis to certain parties; upon request; and in a prominent physical location in at least 20-point sans serif font, placed where it is reasonable to expect individuals seeking services to read or hear it; and in certain other electronic and written communications.
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. Process in a timely manner as required to fulfill the request.
 - ii. If the Recipient believes it is unable to fulfill an accessible format request, CMS may work with the Recipient to provide the accessible format as funding and resources allow. Recipient shall refer the request to CMS within **3** business days if unable to

provide the request. Recipient 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 “Recipient (Organization) Alternate Format Document Request.”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be put into an accessible format shall be attached to the e-mail. CMS may respond to the request and provide the information directly to the requester.
- iii. The Recipient must 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.

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 the Recipient believes it is unable to fulfill an accessible service request, CMS may work with the Recipient to provide the accessible service as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the service. Recipient 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 “Recipient (Organization) Accessible Service Request .”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.
- iii. You must 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 the Recipient believes it is unable to fulfill an alternate language format request, CMS may work with the Recipient to provide the alternate language format as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the request. Recipient 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 “Recipient (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 must 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 the Recipient believes it is unable to fulfill an alternate language service request, CMS may work with the Recipient to provide the alternate language service as funding and resources allow. Recipient shall refer the request to CMS within **3** business days if unable to provide the service. Recipient 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 "Recipient (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 must 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. Merit 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 based on merit and to assist the applicant in understanding the standards against which each application will be judged. Applications will be evaluated by a merit review committee. The merit review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all requirements included in Section A4. Program Requirements and Section D2. Content and Form of Application Submission, as they are the basis upon which the reviewers will evaluate their applications.
- iii. The results of the merit review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the merit 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 recipients.

Appendix VI. Application Check-off List

Required Contents

A complete application 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 application. **Everything listed below must be submitted through [Grants.gov](https://www.grants.gov) and formatting requirements followed. Documents without specific placeholders in the application kit available on Grants.gov should be uploaded under “Other Attachments Form.”**

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-LLL: Disclosure of Lobbying Activities
- ☐ Project Site Location Form(s)
- ☐ Applicant’s Application Cover Letter (**excluded from page limitations**)
- ☐ Project Abstract
- ☐ Project Narrative
- ☐ Business Assessment of Applicant Organization
- ☐ Work Plan
- ☐ Budget Narrative
- ☐ Negotiated Indirect Cost Rate Agreement (NICRA), if applicable (excluded from page limitations)
- ☐ Required Supporting Documentation: Job Descriptions of Key Personnel & Organizational Chart
- ☐ Required Supporting Documentation signed by the head of the applicable State regulatory agency (The following two letters may be combined into one if both requirements are fully addressed):

- State Certification of Maintenance of Effort
- Letter attesting to not receiving other Federal grant funding for the pre-selected market reform activities that the State plans on pursuing

Appendix VII. Workload Funds - Example

The Workload Funds:

- **The Workload allocation will be determined after a Letter of Intent has been submitted.**
- If sufficient funding is available, the Workload funds per State will be calculated as follows:

1 One half of a State's allocation will be based on population size and the other half will be based on the number of health insurance issuers in the State with a market share of 5 percent or more (combined individual and small group markets).

2. For each State, the State population is calculated as a proportion of the total U.S. population and this proportion is applied to the available funding.

3. For each State, the number of issuers with a market share of 5 percent or more (combined individual and small group markets) is calculated. All of those State calculations are totaled, and each State's percentage of that total is applied to the available funding. A State's available funds for the Workload award are the total of the two calculations described above.

Example: State X

Note: This example assumes that \$44,000 is available for Workload funds, with \$22,000 allocated based on population and \$22,000 allocated based on the number of issuers.

State Population: 10,000,000 Number of insurers with 5 percent or more market share (combined individual and small group markets): 5

State Population as a proportion of the total U.S. population = 0.03445
 $0.034 \times \$22,000 = \mathbf{\$748}$

Portion of the Workload funds attributed to population: **\$748**

Number of insurers in the State with a market share of 5% or more as a proportion of the total of number of such insurers in all States = 0.026
 $0.026 \times \$22,000 = \mathbf{\$572}$

Portion of the Workload funds attributed to market size: **\$572**

Total Workload Funds available for State X = \$748 + \$572 = \$1,320

Actual awards will be based on population and market share numbers that are current at the time of the awards.

Appendix VIII. List and Summary¹³ of Provisions under Part A of Title XXVII of the PHS Act for which Grant Funding is Available¹⁴

Section 2707-- Comprehensive Health Insurance Coverage (Essential Health Benefits Package):

A health insurance issuer that offers non-grandfathered health insurance coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 1302(a) of the Patient Protection and Affordable Care Act, which establishes actuarial values (AV) for metal levels of coverage; limits cost-sharing; and contains provisions for child-only plans and catastrophic plans.

Section 2713-- Coverage of Preventive Health Services: A health insurance issuer that offers non-grandfathered coverage in the group or individual markets shall provide coverage of specified recommended preventive health services without cost-sharing.

¹³ This list offers a summary of some of the Federal market reforms and consumer protections established under Part A of Title XXVII of the PHS Act and does not cover all the specifics of the provisions. It provides an informal explanation of the select provisions and should not be considered legal advice or interpretive guidance.

¹⁴ References to group health plans are intentionally omitted.

Appendix IX. Definitions in this Funding Opportunity

Affordable Care Act (ACA) — Public Law 111-148 (March 23, 2010) and Public Law 111-152 (March 30, 2010). March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA), and on March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law (collectively referred to as the “ACA”).

Calendar Year — A twelve-month period beginning on the first day of January and ending on the last day of the following December.

The Employee Retirement Income Security Act (ERISA) — The Employee Retirement Income Security Act of 1974 (ERISA) is a Federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

Federal fiscal year — A twelve-month period beginning on the first day of October and ending on the last day of the following September.

Grandfathered plans — Health plans created or purchased on or before March 23, 2010 that meet the criteria outlined in 45 C.F.R. § 147.140.

Group health insurance — Coverage offered in connection with a group health plan.

Group health plan — An employee welfare benefit plan (as defined in section 3(1) of ERISA [29 U.S.C. 1002(1)]) to the extent that the plan provides medical care to employees or their dependents directly or through insurance, reimbursement or otherwise.

Health insurance coverage — For purposes of Federal law, as defined in 45 C.F.R. § 144.103, benefits providing payment for medical services under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

Health insurance issuer — An insurance company, insurance service, or insurance organization (including a health maintenance organization) that is required to be licensed to engage in the business of insurance in a State and that is subject to State law that regulates insurance.

Individual market — The market segment for health insurance coverage sold directly to individuals rather than in connection with a *group health plan*.

Large group market — The market segment for health insurance coverage offered to large employers as defined by applicable State or Federal Law.

Lead Agency — Designated State agency authorized to supervise administration of the grant.

Non-grandfathered plans — Health plans that became effective after the Patient Protection and Affordable Care Act (PPACA) was signed on March 23, 2010, or health plans that existed before the PPACA, but lost grandfathered status.

Office of Management and Budget (OMB) — The Office of Management and Budget (OMB) assists the President in overseeing the preparation of the Federal budget and in supervising its administration in Federal agencies. The OMB also oversees and coordinates the Administration's procurement, financial management, information, and regulatory policies.

Patient Protection and Affordable Care Act (PPACA) — The law was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is usually used to refer to the final, amended version of the law. Public Law 111-148 (March 23, 2010) and Public Law 111-152 (March 30, 2010).

Self-insured — A health plan is self-insured (or self-funded), when the entity that sponsors the plan (generally an entity engaged in a business, trade, or profession, or a non-profit organization, such as a social, fraternal, labor, educational, religious, or professional organization), carries its own risk for the cost of medical claims instead of contracting with a health insurance issuer to assume the risk.

Small group market — The market segment for health insurance coverage offered to small employers as defined by applicable State or Federal Law.