

**Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services**

**MEDICAID PROGRAM AND CHILDREN'S HEALTH INSURANCE PROGRAM  
GRANTS**

**Initial Announcement**  
Invitation to Apply for 2014:

**CONNECTING KIDS TO COVERAGE**  
Outreach and Enrollment Grants Focused on Increasing Enrollment  
of American Indian/Alaska Native Children

**Agency Funding Opportunity Number: CMS-1Z0-14-001**  
**Competition ID: CMS-1Z0-14-001-049472**

**CFDA 93.767**

**DATE: May 12, 2014**

Applicable Dates:

Voluntary Notice of Intent to Apply:	May 22, 2014
Electronic Grant Application Due Date:	June 30, 2014 (3 p.m. ET)
Anticipated Issuance of Notice of Awards:	September 2, 2014
Anticipated Grant Period of Performance/Budget Period:	September 2, 2014 – September 1, 2016 (24 months)

Teleconferences for Applicants:

CMS will conduct two teleconferences for prospective applicants. Please visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) for dates, times and call-in information.

## EXECUTIVE SUMMARY

The Children’s Health Insurance Program Reauthorization Act (CHIRPA) signed into law by President Obama on February 4, 2009, reauthorized the Children’s Health Insurance Program through federal fiscal year (FFY) 2013. The Patient Protection and Affordable Care Act (ACA) extended CHIP funding through 2015. In addition to financing health coverage for low-income children, CHIPRA contained provisions aimed at reducing the number of children who are eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualify.

The Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian/Alaska Native Children Grants will be awarded for activities related to increasing enrollment and retention of eligible AI/AN children in Medicaid and CHIP. Activities funded under the Connecting Kids to Coverage – AI/AN Grants will emphasize conducting outreach in settings where large numbers of eligible AI/AN children may be easily identified and enrolled. Also, all grants should incorporate application and renewal assistance into their proposed activities. This may include providing direct help to families seeking to enroll their children in health coverage or linking families with groups or individuals in the community who are trained to provide such application assistance. Given that research shows enrolling parents in coverage makes it more likely that their children will enroll, activities that include reaching out to parents to inform them of their own eligibility can be viewed as a strategy for enrolling children, as well.

Funding Opportunity Title:	CONNECTING KIDS TO COVERAGE Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian/Alaska Native Children
Funding Opportunity Number:	
Application Due Dates/Times:	June 30, 2014 (3 p.m. ET)
Anticipated Total Annual Available Funding:	\$4 million
Estimated Number and Type of Awards:	10-12 grants
Estimated Award Amount:	\$250,000 - \$500,000
Cost Sharing/Match Required:	No
Length of Project Period:	24 months
Anticipated Project Start Date:	September 2, 2014
Eligible Applicants:	This grant opportunity is open to the following individual eligible entities or coalitions headed by eligible entities: - Indian Health Service Providers - Tribes and Tribal organizations operating a health program under the ISDEAA (P.L. 93-638, as amended) - Urban Indian organizations operating a health program under the IHCA (P.L. 94-437, as amended)

## **Application Submission**

To ensure adequate time to successfully submit the application, CMS recommends that applicants follow the directions for application listed under section **IV: Application and Submission Information**. If the registration processes listed in this section are not complete, you will be unable to submit an application prior to the submission deadline. No exceptions will be granted for applications submitted after the deadline. Additionally, the application content and form requirements must be followed completely. Any applications that do not include all the required documents or fail to comply with the form requirements will not be reviewed.

CMS strongly recommends that applicants apply in advance of the application due date and time. Specifically, register with grants.gov immediately as the registration process can take up to one month. Also, applicants should not wait until the application deadline to submit their final application because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline because the original submission failed validation and is therefore rejected by Grants.gov, as a result of errors on the part of the applicant, will not be accepted by CMS. For Grants.gov technical assistance, refer to <http://www.grants.gov> or call the Grants.gov Contact Center at 1-800-518-4726.

CMS will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation.

If you have questions regarding the application and/or the review process described in this FOA, refer to Section VII to determine the appropriate agency contact.

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## I. Funding Opportunity Description

### 1. *Purpose*

This solicitation seeks applications for grant funding for **Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian/Alaska Native Children** (henceforth referred to as Connecting Kids to Coverage – AI/AN Grants), provided under the Section 2113 of the Social Security Act, as amended by section 10203(d)(2)(E)(i) of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148). A total of \$4 million is available for grants to eligible entities, including the Indian Health Service (IHS), Tribes and Tribal organizations operating health programs under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93-638, as amended), and Urban Indian organizations operating health programs under title V of the Indian Health Care Improvement Act (IHCIA) (P.L. 94-437, as amended.) Coalitions headed by eligible entities may also receive grants. These grants will support outreach strategies aimed at increasing enrollment of eligible AI/AN children in Medicaid and the Children’s Health Insurance Program (CHIP), emphasizing activities tailored to communities where AI/AN children and families reside and enlisting community leaders and programs that serve eligible children and families. These grants also will fund activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and coverage through the health insurance marketplace.

### 2. *Authority*

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)(P.L. 111-3), signed into law by President Obama on February 4, 2009, reauthorized the Children’s Health Insurance Program (CHIP) through federal fiscal year (FFY) 2013. (The Patient Protection and Affordable Care Act (ACA) extended CHIP funding through 2015.) In addition to financing health coverage for low-income children, CHIPRA contained provisions aimed at reducing the number of children who are eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualify. To support such efforts, CHIPRA provided a total of \$100 million for outreach and enrollment activities, including \$80 million for grants to states, local governments, community-based and non-profit organizations and others; \$10 million in grant funds exclusively for Indian health care providers and tribal entities; and \$10 million devoted to a national outreach and enrollment campaign.

To continue this work, section 10203(d)(2)(E) of the ACA, enacted on March 23, 2010, provided an additional \$40 million in funding for outreach and enrollment activities, available through FFY 2015.

These funds are allocated in the same proportion as the funding available through CHIPRA, with \$32 million for grants to states, local governments, community-

based and non-profit organizations; \$4 million for Indian health care providers and tribal entities; and \$4 million for a national outreach and enrollment campaign.

To date, a total of \$122 million in grant funding has been awarded. The first \$40 million, released in Cycle I, was awarded to 68 grantees in 42 states in September 2009. This was followed in April 2010 with first round CHIPRA American Indian/Alaska Native (AI/AN) grants awards amounting to \$10 million to 41 grantees in 19 states.

Cycle II grants were awarded in August 2011 with another \$40 million going to 39 grantees in 23 states; and finally, Cycle III (Connecting Kids to Coverage) grants were awarded in July 2013, with \$32 million to 41 grantees in 22 states. All grants support projects aimed at increasing enrollment of eligible uninsured children by raising awareness about the availability of health insurance under Medicaid and CHIP and facilitating their enrollment and retention in these programs.

### **3. Background**

Since 2009, the U.S. has made substantial progress toward reducing the number of children who remain uninsured, and toward providing health coverage to all children who are eligible for Medicaid and CHIP but are not enrolled. Despite the progress, however, serious health coverage disparities persist for some groups, including AI/AN children. A recent analysis of Census data by Georgetown University's Center for Children and Families found that the number of uninsured children in the U.S. fell from 6.4 million in 2009 to 5.5 million in 2011, and children's coverage rates rose to 92.5 percent. Yet, while 7.5 percent of children in the U.S. remain uninsured, the percentage of uninsured AI/AN children is much higher, at 16.6 percent.<sup>1</sup>

In addition, a recent study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates found that by 2012, the estimated number of eligible uninsured children had dropped from 4.9 million in 2008 to 3.7 million, and the estimated percentage of eligible children enrolled in Medicaid or CHIP had increased from 82 to 88 percent.<sup>2</sup> Similarly, participation rates have increased over time in every state, and a growing number of states in every region of the country have attained participation rates of 90 percent or higher. However, many of the states with the highest uninsured rates for children, and Medicaid and CHIP participation rates below the national participation rate, are also states likely

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<sup>1</sup> Alker, et. al. *Uninsured Children 2009-2011: Charting the Nation's Progress*, Center on Children and Families, Georgetown University, October 2012.

<sup>2</sup> Analysis of the Urban Institute Health Policy Center's ACS Medicaid/CHIP Eligibility Simulation Model developed by Victoria Lynch under a grant from the Robert Wood Johnson Foundation based on American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS) from 2008 to 2012. For more information on data and methods, see <http://www.urban.org/uploadedpdf/412901-%20Medicaid-CHIP-Participation-Rates-Among-Children-An-Update.pdf>. Participation rates are the ratio of eligible children enrolled in Medicaid or CHIP to that number plus eligible children not enrolled in Medicaid or CHIP. The counts children with both Medicaid/CHIP and employer-provided/union-based, military, or private non-group coverage and those with Medicaid/CHIP coverage without a known eligibility pathway.

to have large AI/AN populations.<sup>3</sup> Researchers have attributed progress on children’s health coverage to state policy choices aimed at simplifying enrollment and renewal procedures, and also to large-scale and community-based outreach efforts that have helped families get their children signed up for Medicaid and CHIP. Significant changes to simplify the application process for all were put in place as of January 2014. Now, children and families seeking health coverage under Medicaid, CHIP and enrollment in Qualified Health Plans with the help of tax credits, will rely on a single, streamlined application that is accessible to consumers in both electronic and paper formats. Applicants can submit the application online, by phone, by mail and in person. Outreach efforts will be needed to ensure that families and communities understand these new developments and to provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. This funding opportunity is designed to support projects in AI/AN communities that will pursue the longstanding goals for increasing children’s participation in Medicaid and CHIP and will help consumers navigate new changes in the application and renewal process for children and families in 2014.

#### **4. Program Requirements**

The Connecting Kids to Coverage – AI/AN Grants will be awarded in accordance with the statute with respect to the types of entities eligible to receive funding (see pg. 10) and for activities related to increasing enrollment and retention of eligible AI/AN children in Medicaid and CHIP.

Applicants should take the following factors into consideration as they prepare their proposals:

- To be most effective, outreach efforts should link families with eligible children to direct enrollment assistance (It is expected that less help with renewal will be needed than in the past since renewal procures will largely occur electronically and will be conducted by the state. However, some families may still need direct assistance.) Maximizing the use of technology into outreach and enrollment activities can make the process of getting and keeping health coverage more efficient and consumer-friendly.
- While the emphasis of the Connecting Kids to Coverage – AI/AN Grants remains on enrolling eligible children in Medicaid and CHIP, a large body of research finds that when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care and other health services.<sup>4</sup> Appropriate messaging and strategies that help

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<sup>3</sup> States with child uninsurance rates above national rate: AK, AZ, CA, CO, FL, GA, ID, IN, MT, NM, NV, OK, SC, TX, UT (Alker, et al)  
States with Medicaid/CHIP participation below national rate: AK, AZ, CA, CO, FL, GA, ID, IN, KS, MO, MN, MT, NC, NE, NV, OK, SC, TX, UT, WY (Urban Institute)

States with large AI/AN populations: AZ, CA, FL, MI, NC, NM, NY, OK, TX, WA (2010 Census)

<sup>4</sup> Sara Rosenbaum, et al., “Parental Health Coverage as Child Health Policy: Evidence from the Literature,” Department of Health Policy, George Washington University, June 2007; Karyn Schwartz, “Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and their Families,” Kaiser Commission on Medicaid and the

enroll eligible parents can also facilitate the enrollment of eligible children.

Activities funded under the Connecting Kids to Coverage – AI/AN Grants will emphasize conducting outreach in settings where large numbers of eligible AI/AN children may be easily identified and enrolled. All grants should incorporate application and renewal assistance into their proposed activities. This may include providing direct help to families seeking to enroll their children in health coverage or linking families with groups or individuals in the community who are trained to provide such application assistance. Given the research described above, activities that include reaching out to parents to inform them of their own eligibility can be viewed as a strategy for enrolling children, as well.

Applicants should select one of the following Areas of Focus on which to base their proposals:

1. Engaging schools in outreach, enrollment and retention activities;
2. Incorporating health coverage outreach and enrollment into the routine activities of programs administered by tribal agencies;
3. Ensuring that eligible AI/AN teens are enrolled and stay covered; or
4. Promoting Hospital Presumptive Eligibility as a strategy for facilitating enrollment in Medicaid

Detail on the four Areas of Focus is provided on p. 19.

## **II. Award Information**

### ***1. Total Funding***

A total of \$4 million in federal funding will be available for grants to conduct activities to increase enrollment and retention of eligible AI/AN children in Medicaid and CHIP over a 24-month period.

### ***2. Award Amounts***

Grant awards will range from about \$250,000 to a maximum of \$500,000.

### ***3. Number of Awards***

CMS anticipates awarding 10-12 grants.

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Uninsured, June 2007; and Leighton Ku and Matthew Broaddus, "Coverage of Parents Helps Children Too," Center on budget and Policy Priorities, October 2006.

#### 4. *Anticipated Award Date*

We anticipate that awards for the Connecting Kids to Coverage –AI/AN Grants will be announced on September 2, 2014.

#### 5. *Period of Performance/Budget Period*

The anticipated period of performance will be September 2, 2014 through September 1, 2016. **Grantee requests for no-cost extensions beyond this period of performance/budget period will not be considered for this grant opportunity.** From our previous and current grantees, and other stakeholders, we have identified successful outreach and enrollment strategies. Given this knowledge and the significant progress that has been made with respect to enrolling eligible children, grantees will be expected to achieve all grant objectives within the 24-month period of performance/budget period. Awardees must adhere to all specified terms and conditions for this grant. If an awardee fails to comply with the terms and conditions of the award, including the reporting requirements, CMS may suspend the grant, pending corrective action, or terminate the grant for cause.

### III. ELIGIBILITY INFORMATION

#### 1. *Eligible Applicants*

This grant opportunity is open to the following individual eligible entities or coalitions headed by eligible entities:

- Indian Health Service Providers
- Tribes and Tribal organizations operating a health program under the ISDEAA (P.L. 93-638, as amended)
- Urban Indian organizations operating a health program under the IHCA (P.L. 94-437, as amended)

Proposals from coalitions must identify the organizations that are coalition members and the roles and responsibilities of each member organization. Proposals must designate a lead agency/organization. Coalitions should represent partnerships that utilize the strengths of each group involved. Proposals from coalitions will be considered on their merits in the same manner as individual applicants.

Proposals from coalitions must include either:

- a written Letter of Commitment from the director (or other responsible person) of each organization participating in the coalition. The letter should confirm the organization's participation in the coalition and the role it will play. OR

- one Statement of Collaborative Effort (SCE) which lists each partner organization, the role each will play and the signature of the director of each organization (or other responsible person). Where applicable, Letters of Commitment or the SCE should provide information about past joint endeavors.

**2. Former and Current Grantees (Cycle I, First Round CHIPRA AI/AN , Cycle II,Cycle III and Grantees)**

Current grantees submitting new proposals must be grantees in good standing, meaning they must have met all reporting requirements and other contractual obligations under their current grant. Applicants that have been awarded Cycle I, first round CHIPRA AI/AN, Cycle II, or Cycle III (Connecting Kids to Coverage) grants may apply for a Connecting Kids to Coverage-- AI/AN Grant only if their proposals meet one of the following criteria:

- **New and distinct activities:** A grantee of Cycle I, first round CHIPRA AI/AN, Cycle II, or Cycle III (Connecting Kids to Coverage) grants may submit a proposal for activities that are new and distinct from those previously funded under one of the grants above, provided the work described in the new proposal falls under one of the Areas of Focus described in this solicitation, OR
- **Continuation of successful activities:** A grantee of Cycle I, first round CHIPRA AI/AN, Cycle II, or Cycle III (Connecting Kids to Coverage) grants that wishes to continue activities it is currently conducting, or conducted under one of the grants above, may submit a proposal for a Connecting Kids to Coverage – AI/AN Grant, but must present data demonstrating that the activities it wishes to continue have proved successful in enrolling and/or retaining eligible children in Medicaid and CHIP and warrants further funding. The continuing activities must also fall under one of the Areas of Focus described in this solicitation.
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**3. Cost Sharing/Matching**

Awardees are not required to provide matching contributions. However, any funding contributed by other entities should be mentioned in the Budget Narrative of the grant application.

**4. Single Application Requirement**

Only one application for funding may be submitted by any given eligible entity applying as the lead for a Connecting Kids to Coverage-AI/AN Grant; however an

eligible entity may be a member of multiple coalitions applying for funding. Entities working together as a coalition may submit only one application. Only one Connecting Kids to Coverage-AI/AN Grant will be awarded to a single eligible entity or to the lead agency of a coalition.

If an eligible entity submits more than one application, only the latest eligible application submitted will be accepted for review. No others will be accepted. All awardees receiving more than one award through participation in multiple coalitions must attest that they will not finance the same scope of work under more than one Connecting Kids to Coverage-AI/AN Grant award or other federal funding stream.

### ***5. CMS/Grantee Collaboration***

Successful applicants will be expected to fulfill all grant reporting requirements, participate in key grantee activities as identified by CMS and to support national outreach campaign activities, including:

- Submit, in a timely manner, semi-annual and annual reports containing the required data utilizing the web-based tool provided by CMS (see Section VI for a description of the required data reporting process).
- Submit timely, accurate Financial Status Reports (SF425), as required.
- Participate on conference calls, Web conferences, regional meetings and other forums as requested by CMS.
- Work with CMS to identify successful strategies and share information about grant activities.
- Share best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS.
- Coordinate messages and strategies with the national Connecting Kids to Coverage Outreach and Enrollment Campaign.
- Cooperate fully with the independent evaluation of the grant program conducted by the CMS evaluator.

### ***6. Legal Status***

All applicants must have a valid Employer Identification Number, otherwise known as a Taxpayer Identification Number assigned by the Internal Revenue Service.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### ***1. Address to Request Application Package and Related Information***

This solicitation serves as the application package for this grant and contains all

the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the federal government for all grants. Applicants are required by HHS to submit their applications in the form of a complete electronic application package, including all required forms, to <http://www.grants.gov>. For assistance with Grants.gov, contact [support@grants.gov](mailto:support@grants.gov) or call 1-800-518-4726. The solicitation can be viewed at: [www.insurekidsnow.gov/professionals/outreach/grantees](http://www.insurekidsnow.gov/professionals/outreach/grantees).

Standard application forms and related instructions may be requested by email from [OAGMGrantsBaltimore@cms.hhs.gov](mailto:OAGMGrantsBaltimore@cms.hhs.gov).

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

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number shown on the cover page of this announcement.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps. All applicants under this announcement must have an Employer Identification Number (EIN) to apply. **Please note, the time needed to complete the EIN registration process can be substantial, and applicants should therefore begin the process of obtaining an EIN immediately upon posting of this FOA to ensure the EIN is received in advance of application deadlines.**
- All applicants, as well as sub-recipients, must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required when using the Government-wide electronic portal, [www.grants.gov](http://www.grants.gov). The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF 424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**
- **System for Award Management (SAM).** The applicant must also register in the System for Award management (SAM)\* database in order to be able to submit the application ([www.sam.gov](http://www.sam.gov)) Information about SAM is

available at <https://www.sam.gov/portal/public/SAM/>. Registering an account with SAM is a separate process from submitting an application. Applicants are encouraged to register early. Therefore, registration should be completed in sufficient time to ensure that it does not impair your ability to meet required submission deadlines.

- Each year organizations and entities registered to apply for federal grants and cooperative agreements through [www.grants.gov](http://www.grants.gov) will need to renew their registration with SAM. You can register online. **Failure to renew registration prior to application submission will prevent an applicant from successfully applying.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with [www.grants.gov](http://www.grants.gov) for a username and password. AORs must complete a profile with [www.grants.gov](http://www.grants.gov) using their organization's DUNS Number to obtain their username and password, at [http://grants.gov/applicants/get\\_registered.jsp](http://grants.gov/applicants/get_registered.jsp). AORs must wait at least one business day after registration before entering their profiles in [www.grants.gov](http://www.grants.gov). **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
  - When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz point-of-contact will receive an e-mail notification. The e-mail address provided in the profile will be the e-mail used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence. Please be sure these email addresses are up-to-date.
  - The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
  - The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.
- Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file format as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers.

It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. **Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation.** All documents that do not conform to the above constraints will be excluded from the application materials during the review process.

- Prior to application submission, Microsoft Vista, and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at [www.grants.gov](http://www.grants.gov). Click on “Vista and Microsoft Office 2007 Compatibility Information.”
- After you electronically submit your application, you will receive an automatic email from [www.grants.gov](http://www.grants.gov) that contains a Grants.gov tracking number. **Please be aware that this notice does not guarantee that the application will be accepted and validated by the Grants.gov system. Rather, this email is only an acknowledgement of receipt of the application by the Grants.gov system.**

All applications must be **validated** by the Grants.gov system before they will be accepted. Please note that applicants may incur a time delay before they receive acknowledgement that the application has been validated and accepted by the Grants.gov system. In some cases, the validation process could take up to 48 hours. If for some reason the application is not accepted, then the applicant will receive a subsequent notice from Grants.gov system indicating that the application submission has been rejected.

**Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline because the original submission failed validation and is therefore rejected by Grants.gov, as a result of errors on the part of the applicant or failure to follow Funding Opportunity Announcement directions, will not be accepted by CMS.** For this reason, CMS recommends that applicants apply in advance of the application due date and time.

The most common reasons why an application fails the validation process and is rejected by Grants.gov are:

- SAM/CCR registration cannot be located and validated
- SAM/CCR registration has expired;
- The AOR is not authorized by the E-Biz POC to submit an application on behalf of the organization; and,
- File attachments do not comply with the Grants.gov file attachment requirements.

- HHS retrieves applications from Grants.gov only after Grants.gov validates and accepts the applications. Applications that fail validation and are rejected by the Grants.gov system are not retrieved by HHS, and HHS will not have access to rejected applications.
- After HHS retrieves your application from Grants.gov, you will receive an email notification from Grants.gov stating that the agency has received your application and once the receipt is processed, you will receive another email notification from Grants.gov citing the Agency Tracking Number that has been assigned to your application. It is important for applicants to keep these notifications and know the Grants.gov Tracking Number and Agency Tracking Numbers associated with their application submission.

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

All applications for the awards must be submitted electronically and be received through [www.grants.gov](http://www.grants.gov) by June 30, 2014 at 3:00 p.m. Eastern time.

All applications will receive an automatic time stamp upon submission and state applicants will receive an e-mail reply acknowledging the application's receipt.

To be considered timely, applications must be received in Grants.gov on or before the published deadline date and time. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g. floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout.

Please be aware of the following:

- 1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.
- 2) If you experience technical challenges while submitting your application electronically, please contact by email [support@grants.gov](mailto:support@grants.gov), or by phone at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on federal holidays). CMS encourages applicants not to wait until close to the due date to submit the application.
- 3) Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved.

Grants.gov complies with section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site, including forms contained with an application package, he or she can e-mail the Grants.gov contact center at [support@grants.gov](mailto:support@grants.gov) for help, or call 1-800-518-4726.

Submit Your Application Early. CMS strongly encourages applicants to submit well before the closing date and time so that if your application is rejected due to errors, an applicant will have time to correct the errors and/or to solicit help from Grants.gov. Please note: Validation or rejection of your application by Grants.gov may take up to 2 business days after submission. Please consider this in developing your submission timeline.

For issues including, but not limited to, downloading the application, retrieving your password, or error messages, please contact grants.gov directly at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov). Hours of Operation: 24 hours a day, 7 days a week, closed on federal holidays. Please have the following information available when contacting grants.gov to help expedite your inquiry:

- Funding Opportunity Number (FON)
- Name of Agency to Which You Are Applying
- Specific Area of Concern

Please do not contact CMS regarding Grants.gov related issues.

You can visit the following website:

[http://www07.grants.gov/applicants/app\\_help\\_reso.jsp](http://www07.grants.gov/applicants/app_help_reso.jsp) for additional resources.

## ***2. Content and Form of Application Submission***

This section identifies the content required for a complete application and the forms that must be submitted for a complete application package. Each application must include all contents described below, indicated on the Check-off List (Attachment 3).

**Applications that do not include all the required documents will not be reviewed.**

The contents must be submitted according to the following specifications:

- Use 8.5 x 11" pages with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5 x 11"
- Do not use a font smaller than 12-point for all parts of the application including charts, tables, diagrams, etc.

### **A. Required Documents Describing the Proposed Project**

The following items combined must not exceed **26 pages**, as described below. Please note that some items must be double-spaced and other items may be single-spaced. **Proposals that do not adhere to this strict page limitation will not be reviewed and will be rejected.**

- Applicant’s Cover Letter (Limit: 1 page), described below, may be single-spaced.
- Project Abstract (Limit: 1 page), described below, must be double-spaced.
- Project Narrative (Limit: 8 pages), described in Section V, must be double-spaced.
- Evaluation Plan (Limit: 2 pages), described in Section V, must be double-spaced.
- Budget and Budget Narrative (Limit: 6 pages), described in Section V, may be single-spaced.
- 24-month Project Work Plan and Timeline (Limit: 4 pages) described in Section V. The work plan may be presented in table format and be single spaced.
- Project Staffing Plan (Limit: 4 pages) described in Section V, must be double-spaced.

Additional information about the items listed above follows:

#### 1) Applicant’s Cover Letter

A one-page letter from the applicant must identify the:

- Eligible entity, or if the proposal is submitted by a coalition, the entity that will serve as the lead agency;
- Title of the project;
- The Area of Focus being selected;
- Total amount of funding requested for the grant period;
- Names of the coalition members actively participating in the project, if applicable; and
- Name and contact information for the Project Director of the grant project.

The letter should indicate that the submitting agency or Lead Agency has clear authority to oversee and coordinate the proposed activities, and is capable of convening a suitable working group of all relevant members.

#### 2) Project Abstract

A one-page, double spaced abstract should serve as a short description of the proposed project and should include a statement of the primary Area of Focus, the goals of the project, the total 24-month budget, and

a description of how the grant will be used to increase enrollment of eligible AI/AN children in Medicaid and CHIP.

3) Project Narrative

The Project Narrative is double-spaced and cannot be more than eight pages. In the Project Narrative, the applicant is required to justify the need for the project, define project goals and describe the strategies to be employed during the grant period. More details about the Project Narrative are provided in Section V.

4) Evaluation Plan

The Evaluation Plan is double-spaced and cannot be more than two pages. More details about the Evaluation Plan are described in Section V.

5) Proposed Budget and Budget Narrative

**See Appendix 5 for required Budget Template. Budget must be submitted in this format.**

The Budget Narrative must include a yearly breakdown of costs for the 2-year project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by year including a breakdown of costs for each activity/cost within the line item. The proportion of funding designated for each activity should be clearly outlined and justified including complete explanations and justifications for the proposed activities.

- 
- **BE SURE TO COMPLETE A SEPARATE BUDGET AND NARRATIVE JUSTIFICATION FOR EACH 12 MONTH PERIOD.**
- 

The Proposed Budget and Budget Narrative may be single-spaced and cannot be more than four pages.

The Proposed Budget and Budget Narrative must include:

- Estimated Budget Total
- Funding from other sources, including in-kind support.
- Total estimated funding requirements for each of the cost categories listed below. For each cost category, please provide an itemized breakdown of all expenses requested. For each item, please provide a cost estimate, how this estimate was calculated

and a brief description on how this expense will further the objectives of the grant. Please provide this same level of detail for any expected subcontracts.

- Personnel
  - Note: Consistent with Section 203 of the Consolidated Appropriations Act, 2012 (P.L.112-74) none of the funds appropriated in this law shall be used to pay the salary of an individual through a grant or other extramural mechanism, at a rate in excess of Executive Level II (\$181,500/year).
- Fringe benefits
- contractual costs, including subcontract contracts
- Equipment
- Supplies
- Travel
- Indirect charges
  - In compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the Indirect Cost Rate Agreement is required
  - If an organization intends to **establish** an indirect cost rate, they may request in this application an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).
- Other costs

#### 6) 24-month Workplan and Timeline

The 24-month Workplan and Timeline, may be single spaced and presented in a table format. It cannot be more than 4 pages. More details about the 24-month Workplan and Timeline are described in Section V.

#### 7) Staffing Plan

The Staffing Plan must be double-spaced and cannot be more than 4 pages including job descriptions for Project Director and Assistant Director and a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the grant activities.

Please note: Resumes for the Project Director and Assistant Project Director may be provided in the Appendices, described below.

### B. Additional Supporting Documents and Appendices

#### **Additional Supporting Documents:**

Required for a complete application. **There is a limit of 12 pages for the additional supporting documents.** These documents, which may be single-spaced, do not count towards the 24-page limit (as discussed above under “Required Documents Describing the Proposed Project”).

The Additional Supporting Documents are as follows:

- 1) Application Cover Sheet and Standard Forms:
  - a. Application Cover Sheet (Attachment 2)
  - b. Standard Forms: The following forms must be completed and included in the application.
    - i. SF 424: Official Application for Federal Assistance (see note below)
    - ii. SF 424A: Budget Information Non-Construction
    - iii. SF 424B: Assurances - Non-Construction Programs
    - iv. SF LLL: Disclosure of Lobbying Activities
  - c. Additional Assurance Certifications:  
[http://apply.grants.gov/forms/sample/SSA\\_AdditionalAssurances-V1.1.pdf](http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.1.pdf)
  - d. List of Key Contacts including the Project Officer and Financial Officer who is responsible for completing the Financial Status Report (SF-425) and the Federal Cash Transactions Report (PSC 272).

**Note:** On SF 424 “Application for Federal Assistance”:

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: Connecting Kids to Coverage – AI/AN Grant.
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- Assure that the total federal grant funding requested is for the period of the grant.

### **Appendices:**

Documents included in the Appendices do not count toward the 12-page limit on “Additional Supporting Documents.” There is no limit on the number of pages included in the Appendices.

Coalitions applying for funding are required to include the following documents in the Appendices:

- Letters of Commitment from coalition partners OR a Statement of Collaborative Effort are required from coalition members.

Applicants that expect to obtain data for the state are required to include the following documents in the Appendices:

- Letters of Commitment from state agencies that agree to enter into a data-sharing agreement.

The following items are not required, but if available, may be included in the Appendices:

- Letters of Support from partner organizations and other community leaders. (Letters of Support are not required, but may enhance your proposal.)
- Resumes for the Project Director and Assistant Project Director, if such resumes are available.

### ***3. Submission Dates and Times***

All grant applications must be submitted electronically through [www.grants.gov](http://www.grants.gov) and are due on June 30, 2014 by 3:00 p.m. Eastern Time to be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt. Applications that do not meet the above criteria for submission through [www.grants.gov](http://www.grants.gov) will be considered late. **Late applications will not be reviewed.**

Customer Service for [grants.gov](http://grants.gov) is as follows:

- Grants.gov Contact Center: 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.
- iPortal: Top 10 requested help topics (FAQs), Searchable knowledge base, self-service ticketing and ticket status, and live web chat (available 7:00 A.M. - 9:00 P.M. ET).

### ***4. Intergovernmental Review***

Applications for these grants are not subject to review by states under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” to item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372 does not apply to these grants.

### ***5. Funding Restrictions***

#### 1) Indirect Costs

Applicable cost principles are as follows:

- **OMB Circular A-87**, Cost Principles for State, Local and Indian Tribal Governments, which establishes the cost principles for

permissibility of costs incurred by state, local and federally-recognized Indian tribal governments under federally-sponsored agreements.

- **OMB Circular-122**, which establishes cost principals for permissibility of costs incurred by nonprofit organizations under federally-sponsored agreements.
- **45 CFR Part 74, Appendix E** establishes the cost principles for permissibility of costs incurred by hospitals under federally-sponsored agreements.
  - If requesting a specific indirect cost rate, the applicant must submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget. Note: if an organization intends to **establish** an indirect cost rate, they may request in this application an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).

2) Direct Services

Grant funds are not to be used to pay for direct services (e.g., medical and other services covered by Medicaid or CHIP).

3) Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs (e.g., consultant fees associated with preparing the Connecting Kids to Coverage – AI/AN Grant proposal).

4) Prohibited Uses of Grant Funds

Funding for the Connecting Kids to Coverage – AI/AN Grants may not be used for any of the following:

- a) To cover the costs to provide direct services to individuals.
- b) To match any other federal funds.
- c) To provide services, equipment, or supports that are the legal responsibility of another party under federal or state law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- d) To provide infrastructure for which federal Medicaid or CHIP matching funds are claimed.
- e) To supplant existing state, local, or private funding of infrastructure or services such as staff salaries, etc.
- f) To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.

All awardees receiving more than one award through participation in multiple coalitions must attest that they will not finance the same scope of

work under more than one Connecting Kids to Coverage-AI/AN Grant award or other federal funding stream.

Note: A recent Government Accountability Office (GAO) report number 11-43 has raised considerable concerns about grantees and contractors charging the federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct federal agencies to promote efficient spending. Therefore, if meals are charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

*Meals are generally unallowable except for the following:*

- *For subjects and patients under study (usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g. in programs providing children's services (e.g. Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and,*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)*

## **6. Notice of Intent to Apply**

Applicants are strongly encouraged to submit a non-binding Notice of Intent to Apply (See Attachment 1). However, Notices of Intent to Apply are not required and submission or failure to submit a notice has no bearing on the scoring of proposals received. The receipt of notices enables CMS to better plan for the application review process. The Notice of Intent to Apply, if the applicant plans to submit one, is due and should be emailed to CMS at [Cathy.Cope@cms.hhs.gov](mailto:Cathy.Cope@cms.hhs.gov) by May 22, 2014.

## **V. APPLICATION REVIEW INFORMATION**

### **1. Required information and point values**

- A. Project Narrative (Points: 65 points)

- Statement of Area of Focus (see below for discussion of Areas of Focus) (**5 points**)
  - Identify the Area of Focus for your project.
- Statement of Project Goal (**5 points**)
  - Discuss the goals for your proposed project. Include the number of children that will be enrolled and the number that will be retained in Medicaid and CHIP.
- Description of Need (**5 points**)
  - Describe the target population for your outreach efforts. Discuss the community and the level of need for health insurance. If possible, provide estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, uninsured parents/families data and other data, as appropriate.
  - Identify barriers to enrollment and retention of target population.
- Outreach and Enrollment Plan (**50 points**)
  - Describe what activities will be undertaken through this project. How do you plan to identify eligible children and help them enroll and retain coverage under Medicaid and CHIP.

All proposals should:

- Demonstrate the extent of the applicant's knowledge of Medicaid and CHIP eligibility criteria and how the 2014 changes will affect the applicant's approach to helping families with eligible children with enrollment and renewal;
- Demonstrate the applicant's knowledge of the health coverage concerns of AI/AN communities and the applicant's experience and credibility with the specific community in which the work would take place; and
- Discuss how the applicant will sustain the proposed efforts beyond the grant period using additional funding or in-kind support from sources other than the federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage.

#### *Areas of Focus*

The Outreach and Enrollment Plan must designate one primary Area of Focus and describe activities to be conducted under that Area of Focus.

1. Engaging schools in outreach, enrollment and retention activities: Schools are widely accepted as an important setting for conducting children's health coverage outreach and enrollment activities. Proposals may include efforts to develop and enhance systems to facilitate the identification of potentially eligible children (for example, through free and reduced-price school meals programs or data on emergency contact cards or school registration cards) and offer families enrollment assistance. Proposals also may include efforts to engage principals; school athletic directors and coaches; school nurses; school-based health clinics; school social workers and counselors in outreach and enrollment activities. Efforts may also reach out to assist eligible parents and other children in the family in obtaining health coverage.
2. Incorporating health coverage outreach and enrollment into the routine activities of programs administered by tribal agencies. Programs operated by tribes or tribal organizations such as tribal health clinics and federal benefit programs such as WIC, Head Start, Child Care, LIHEAP or other public programs are excellent places to conduct outreach and facilitate enrollment because they serve uninsured children and families. Proposals may include efforts to identify children and parents eligible for Medicaid and CHIP using information from other benefit programs or to facilitate health coverage enrollment by building on intake procedures of other programs. Proposals may include activities to help enroll children in Medicaid and CHIP when their families are seeking health services at tribal clinics.
3. Ensuring that eligible AI/AN teens are enrolled and stay covered. Eligible children, ages 13 and older, are less likely to be enrolled in Medicaid and CHIP than eligible children who are younger. Proposals may include activities that reach out to adolescents, as well as their parents, and engage them through activities that reflect the interests and needs of teenagers in settings targeted to teenagers, such as school-based health clinics, after-school initiatives, and adolescent health services or youth employment programs. Proposals may focus on revising or creating marketing campaigns tailored to adolescents or families with adolescents. Such campaigns must link adolescents and their families with enrollment and renewal assistance and describe how the strategies will boost their enrollment.
4. Promoting Hospital Presumptive Eligibility as a strategy for facilitating enrollment in Medicaid. Presumptive eligibility (PE) is a policy tool that provides states the opportunity to streamline access to immediate Medicaid coverage. States have a longstanding option to conduct PE for pregnant women and children. Now, a new opportunity broadens the availability of PE. Beginning in January 2014 all states must implement "Hospital PE" and ensure that hospitals that participate in the Medicaid program can begin making PE determinations to provide temporary Medicaid coverage to individuals

who qualify including children, pregnant women, parents, individuals formerly in foster care, and if applicable in a state, adults covered under the new adult eligibility group. Proposals may include activities conducted by eligible entities working with such hospitals, to develop hospital PE procedures, conduct training and promote hospital PE in AI/AN communities. Proposals should include activities to ensure that individuals receiving temporary Medicaid coverage through PE get the assistance they need to complete the full single, streamlined application needed to secure ongoing Medicaid coverage, if found eligible.

While the PE process applies to all types of individuals mentioned earlier, promotional activities under this grant should focus primarily on eligible children; given the research showing that enrolling eligible parents is an effective strategy for ensuring that eligible children get enrolled, promotional efforts also may focus on parents. Applicants operating in states that have adopted the PE option for children (allowing PE determinations to be made for children eligible for Medicaid and CHIP) may include activities aimed at helping IHS, tribal or urban Indian health programs or others participate as “qualified entities” according to the rules in their state.

B. Evaluation Plan (10 points)

Proposals must include a detailed plan to evaluate the effectiveness of the grant project. The plan should describe:

- How the applicant will collect, analyze and report required data
- How the applicant will collect, analyze and report additional data proposed by the applicant (See p. 22 for examples). A final report that assesses the overall effectiveness of the project and suggests how the specific strategies and activities could be amended to better achieve stated goals.
- A statement indicating that the grantee will cooperate with the CMS evaluator engaged to conduct an overall evaluation of Connecting Kids to Coverage – AI/AN Grants.

**Required Data Collection and Reporting**

All grantees will be required to report the following data and any other information deemed necessary by CMS on a semi-annual and annual basis utilizing the web-based reporting tool provided by CMS (see section VI for further discussion of the reporting process). Proposals should address how these data will be collected:

- The number of children assisted by the project in applying for Medicaid or CHIP.

- The number of children assisted by the project in renewing their coverage in Medicaid or CHIP (if needed).
- The number of children successfully enrolled in Medicaid or CHIP as a direct result of project activities.
- The number of children successfully retained in Medicaid or CHIP as a direct result of project activities.
- Grantees conducting presumptive eligibility determinations will be required to report the number of individuals determined presumptively eligible and the percentage of those who later are determined eligible for ongoing coverage.

The proposal must describe a plan for data collection and reporting. Obtaining enrollment and other relevant data from the appropriate state agencies is preferred, but is not always possible.

- If the applicant expects it will be able to obtain relevant data from the state, the proposed plan should mention the intent to develop an MOU with the state Medicaid and CHIP agencies. Letters of Commitment from the applicable state agencies should state the intention to work with the grantee to develop the MOU. Grantees will have 90 days after notification of their award to develop an MOU with the state to establish the procedures for the required data, as well as any additional data that are not required, related to funded activities. CMS will work with grantees to help facilitate these arrangements, as needed.
- If the applicant does not expect it will be able to obtain relevant data from the state agency, the proposed plan should include a discussion of the methods the applicant expects to use to collect the required data, as well as any additional data that are not required.

### **Additional Data Not Required**

Examples of relevant data that are not required, but could be collected to help evaluate the project follow:

- Number of applications or renewals completed for children and/or parents
- Number of applications completed by phone, online, in-person
- Increase in the number of locations where eligible children and /or parents can apply for Medicaid/CHIP
- Number of helpline requests for assistance
- Type of assistance requested via helpline
- Length of time on hold waiting for helpline assistance
- Customer satisfaction results
- Other measures specific to the proposed project

### C. Work Plan and Timeline (10 points)

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

D. Budget and Budget Narrative (10 points)

- i. The Budget Narrative must include a yearly breakdown of costs for the 2-year project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by year including a breakdown of costs for each activity/cost within the line item. The proportion of funding designated for each activity should be clearly outlined and justified including complete explanations and justifications for the proposed activities.
- 

- ii. Be sure to complete a separate budget and narrative justification for each 12 month period.
- 

For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. See Appendix 5 for required Budget Template. Budget must be submitted in this format.

The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners. State applicants or coalitions with state agency membership must provide assurance that the state share of funds expended for outreach and enrollment activities under the state child health plan shall not be less than the state share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded.

E. Project Staffing Plan (5 points)

The applicant 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 applicant'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. Also included will be the time that staff will spend on grant activities. (This will also be reflected in the budget.)

## ***2. Review and Selection Process***

**CMS will be employing a multi-phase review process which will proceed as**

**follows:**

- **Phase 1:** Applications will be screened for completeness and compliance with application requirements as listed in Section IV and required certifications as noted in Section V. In addition, proposals will be reviewed to determine eligibility using the criteria detailed in Section III. Applications that are received late or fail to meet the eligibility requirements as detailed in this solicitation, or do not submit the required forms, will not be reviewed.
- **Phase 2:** Applications will be reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, researchers, and federal policy staff who are not part of the cognizant program office. The review panels will establish an overall numeric score for each application, giving consideration to criteria such as:
  - Goals for the project are clearly stated and appear achievable.
  - Description of need is compelling and is based on data that is clearly cited.
  - Choice of Area of Focus is clearly stated.
  - Metrics to be considered will measure the success of the project's activities and there is a clear plan for collecting and reporting data.
  - The applicant's level of knowledge regarding Medicaid and CHIP rules and procedures is clearly described.
  - The prospects for sustaining the project are clearly stated.
  - The evaluation plan is clearly described and feasible.
  - State support is documented as necessary.
- **Phase 3:** A CMS review team will use the scores and comments from Phase 2 to inform its final recommendations to the approving CMS official. Additionally, the CMS staff review will weigh other factors such as (but not limited to) those described in the "Factors Other than Merit that May be Used in Selecting Applications for Award" described below.

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

**Factors Other than Merit that May be Used in Selecting Applications for Award:**

CMS may assure reasonable balance among grant awards based on key factors such as:

- Feasibility of the outreach approach, work plan and budget;
- Level of outreach experience the applicant brings to the project;
- Use of strategies most likely to achieve success;
- Understanding of the changes to be implemented in 2014, and the opportunities and challenges such changes will bring to the proposed project;
- Level of need in the geographical area in which the project will operate;
- Balanced geographic distribution of grants awards;

- Balanced representation of the Areas of Focus.

CMS reserves the right to determine the final award amount for each grant, within the total amount allotted for the funding opportunity, based upon the number and quality of applications received. CMS will not fund activities that duplicate efforts funded through its other grant programs or other federal resources.

### ***3. Anticipated Announcement and Award Dates***

The anticipated award announcement date is September 2, 2014, with the period of performance beginning on September 2, 2014.

## **VI. AWARD ADMINISTRATION INFORMATION**

### ***1. Award Notices:***

Successful applicants will receive a Notice of Award (NOA) signed and dated by the CMS Grants Management Officer. The NOA is the document authorizing the grant award and will be sent through the U.S. Postal Service to the applicant organization as listed on its SF-424. Any communication between CMS and applicants prior to issuance of the NOA is not an authorization to begin performance of a project. Any expenses incurred prior to issuance of awards will not be reimbursed and are the responsibility of the applicant.

Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, within 30 days of project period start date.

### ***2. Administrative and National Policy Requirements:***

The following standard requirements apply to applications under this solicitation.

- Specific administrative and policy requirements of applicants, as outlined in 45 CFR 92, apply to this grant opportunity.
- All awardees receiving awards under these grant programs must meet requirements, to the extent they apply to the eligible entities, of:
  - a. Title VI of the Civil Rights Act of 1964,
  - b. Section 504 of the Rehabilitation Act of 1973,
  - c. The Age Discrimination Act of 1975,
  - d. Hill-Burton Community Service nondiscrimination provisions, and
  - e. Title II Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with 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.

### 3. *Terms and Conditions:*

Awards issued under this FOA are subject to the *Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd>. Standard terms and special terms of award will accompany the Notice of Award. Potential awardees should be aware that special requirements could apply to awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The General Terms and Conditions that are outlined in Section II of the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

HHS recipients must comply with all terms and conditions outlined in their grant award, including requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

### 4. *Reporting*

- Federal Funding Accountability and Transparency (FFATA) Subaward Reporting Requirement:

New awards issued under this funding announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P. L 109-282), as amended by section 6202 of P.L. 110-252 and implemented by 2 CFR Part 170.

Grant and cooperative agreement recipient must report information for each first-tier sub-award of \$25,000 or more in federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at [www.fsr.gov](http://www.fsr.gov)). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

- Grant Reporting Requirements

The grantee is expected to complete semi-annual and annual progress reports that include the required performance measures and to complete a final report for CMS. Due dates for these reports will be detailed in the award terms and conditions.

Grantees must agree to cooperate with any federal evaluation of the program and provide reports at the intervals listed in the terms and conditions of the award, and a final report at the end of the grant period in a form prescribed by CMS (including the SF-425 "Federal Financial Report" FFR forms). Progress reports may be submitted electronically. These reports will outline how grant funds were used, describe program progress, and describe any barriers and

measurable outcomes. CMS will provide a format for reporting and technical assistance necessary to complete required report forms. Grantees must also agree to respond to requests for information that is necessary for the evaluation of the Connecting Kids to Coverage Outreach and Enrollment Grants and provide data on key elements of their own grant activities. The frequency of the SF-425 report will be identified in the terms and conditions of the grant award. The final SF-425 submitted to this office must agree with the final expenditures reported on the PSC-272 to the Payment Management System. Before final FFR submission all obligations must be liquidated. A signed original is due no later than 90 days after the project period end date. Please note that interim SF-425 reports should not be marked as final. If awarded a grant, please be prepared to provide the contact information of the person or office that will complete the Federal Financial Reports.

### **Audit Requirements**

Awardees must comply with the audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the internet at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

### **Payment Management Requirements**

Awardees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the awards. Failure to submit the report may result in the inability to access funds. The SF-425 Certification page should be faxed to the Payment Management System contact at the fax number listed on the SF-425, or it may be submitted to:

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

## **VII. AGENCY CONTACTS**

### ***1. Programmatic Content***

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

## **2. *Administrative Questions***

Administrative questions about the Connecting Kids to Coverage Outreach and Enrollment Grants may be directed to: [OAGMGrantsBaltimore@cms.hhs.gov](mailto:OAGMGrantsBaltimore@cms.hhs.gov).

CMS will hold at least two applicant teleconferences to provide an opportunity to ask questions about this solicitation. Please visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) for dates, times and call-in information.

Visit our website at <http://www.insurekidsnow.gov/professionals/index.html> for call-in information.

ATTACHMENT 1 - Notice of Intent to Apply (Not Required)

If you are submitting this optional document, please complete by May 22, 2014, and submit via email to [kathleen.connorsdelaguna@cms.hhs.gov](mailto:kathleen.connorsdelaguna@cms.hhs.gov).

1) Applicant Agency/Organization:

\_\_\_\_\_

2) Contact Name and Title:

\_\_\_\_\_

3) Address:

\_\_\_\_\_

4) Phone: \_\_\_\_\_

5) Fax: \_\_\_\_\_

6) E-mail address:

\_\_\_\_\_

7) Anticipated Area of Focus (select one of the following):

- 1. Engaging schools in outreach, enrollment and retention activities
- 2. Incorporating health coverage outreach and enrollment into the routine activities of programs administered by tribal agencies
- 3. Ensuring that eligible AI/AN teens are enrolled and stay covered
- 4. Promoting Hospital Presumptive Eligibility as a strategy for facilitating enrollment in Medicaid

ATTACHMENT 2 - Application Cover Sheet

**Identifying Information:**

DUNS #: \_\_\_\_\_ Requested Grant Award: \$ \_\_\_\_\_

Applicant: \_\_\_\_\_

Primary Contact Person (e.g. Project Director), Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Email address: \_\_\_\_\_

Area of Focus (1, 2, 3 or 4): \_\_\_\_\_

**For CMS Administrative Purposes Only:**

**Completeness Check:** \_\_\_\_\_

**Panel Assignment:** \_\_\_\_\_

## ATTACHMENT 3 - Check-Off List

### Required Contents

Please submit the required documents:

- \_\_\_\_ Application Cover Sheet (Attachment 2)
  - \_\_\_\_ Forms / Mandatory Documents (Grants.gov). The following forms must be completed with an original signature and enclosed as part of the proposal:
    - SF-424: Application for Federal Assistance
    - SF-424A: Budget Information
    - SF-424B: Assurances-Non-Construction Programs
    - SF-LLL: Disclosure of Lobbying Activities
    - Additional Assurance Certifications:  
[http://apply.grants.gov/forms/sample/SSA\\_AdditionalAssurances-V1.1.pdf](http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.1.pdf)
    - Key Contacts (please identify the Project Director and fiscal person who is responsible for completing financial reports i.e. SF-269a and PSC 272).
  - \_\_\_\_ Applicant's Cover Letter (Limit: 1 page; may be single-spaced)
  - \_\_\_\_ Project Abstract (Limit: 1 page, must be double-spaced)
  - \_\_\_\_ Project Narrative (Limit: 8 pages, must be double-spaced)
  - \_\_\_\_ Evaluation Plan (Limit: 2 pages, must be double-spaced)
  - \_\_\_\_ Proposed Budget and Budget Narrative (Limit: 4 pages, may be single-spaced)
  - \_\_\_\_ Work Plan/Time Line (Limit: 4 pages, may be in table format and single spaced)
  - \_\_\_\_ Project Staffing Plan (Limit: 4 pages; must be double-spaced)
  - \_\_\_\_ Appendices:
    - **Applicants that are Coalitions:** Letters of Commitment OR Statement of Collaborative Effort
    - **Applicants that expect to obtain data from state:** Letters of Commitment from state agencies that agree to enter into a data-sharing agreement with the grantee
- Not Required:
- Letters of Support from partner organizations or other community leaders
  - Resumes for Project Director and Assistant Director, if available

## ***ATTACHMENT 4 - Definitions***

### **American Indian/Alaska Native (AI/AN) -**

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

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

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

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

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

- A. by serving as a liaison between communities and health care agencies;
- B. by providing guidance and social assistance to community residents;
- C. by enhancing community residents' ability to effectively communicate with health care providers;
- D. by providing culturally and linguistically appropriate health or nutrition education;
- E. by advocating for individual and community health or nutrition needs; and,
- F. by providing referral and follow-up services.

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

**Federal health safety net organization** - a federally-qualified health center (as defined in section 1905(l)(2)(B) [42 U.S.C. section 1396d(l)(2)(B)]);

- A. a hospital defined as a disproportionate share hospital for purposes of section 1923 [42 U.S.C. section 1396r-4];
- B. a covered entity described in section 340B(a)(4) of the Public Health Service Act (31 U.S.C. 256b(a)(4)); and
- C. any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act [42 U.S.C. section 1751 et seq.], and an elementary or secondary school.

**Indian, Indian tribe, tribal organization, and urban Indian organization** - have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).  
**Medicaid program** means the program established under title XIX of the Social Security Act (42

U.S.C. 139aa et seq.)

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

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

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

1. furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan;
2. is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act;
3. is authorized to determine eligibility of a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990;
4. is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966
5. is authorized to determine eligibility of a child or pregnant woman for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the Children's Health Insurance Program;
6. is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801);
7. is an elementary or secondary school operated or supported by the Bureau of Indian Affairs;
8. is a State or Tribal child support enforcement agency;
9. is an organization that –
  - a. provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act;
  - b. is a State or Tribal office or entity involved in enrollment in the program under this title, Part A of title IV, or title XXI; or
  - c. determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.); and
10. any other entity the State so deems, as approved by the Secretary.

**School-based health center** –

- (A) In general. The term "school-based health center" means a health clinic that—

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

(B) Sponsoring facility. For purposes of subparagraph (A)(iii), the term "sponsoring facility" includes any of the following:

- a. a hospital.
- b. a public health department.
- c. a community health center.
- d. a nonprofit health care agency.
- e. a school or school system.
- f. a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

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

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

**ATTACHMENT 5a – Budget Narrative and SF424A**

**SAMPLE BUDGET AND NARRATIVE JUSTIFCIATION  
REQUIRED FORMAT**

The Budget Narrative must include a yearly breakdown of costs for the 2-year project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by year including a breakdown of costs for each activity/cost within the line item. The proportion of funding designated for each activity should be clearly outlined and justified including complete explanations and justifications for the proposed activities.

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**BE SURE TO COMPLETE A SEPARATE BUDGET AND NARRATIVE JUSTIFICATION FOR EACH 12 MONTH PERIOD.**

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**A. Personnel:**

An employee of the applying agency whose work is tied to the application

**TABLE 1: FEDERAL REQUEST**

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

**NARRATIVE JUSTIFICATION:** Enter a description of the Personnel funds requested and how their use will support the purpose and goals of this proposal. Be sure to describe the role, responsibilities and unique qualifications of each position.

Note: Consistent with Section 203 of the Consolidated Appropriations Act, 2012 (P.L.112-74) none of the funds appropriated in this law shall be used to pay the salary of an individual through a grant or other extramural mechanism, at a rate in excess of Executive Level II (\$181,500/year).

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

**B. Fringe Benefits:**

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs.

List all components of fringe benefits rate

**TABLE 2: FEDERAL REQUEST**

<b>Component</b>	<b>Rate</b>	<b>Wage</b>	<b>Cost</b>
FICA	7.65%	\$65,000	\$4,973
Workers	2.5%	\$65,000	\$1,625

Component	Rate	Wage	Cost
Compensation			
Insurance	10.5%	\$65,000	\$6,825
		TOTAL	\$13,423

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A): **\$13,423**

C. Travel:

Explain need for all travel other than that required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Do not exceed GSA rates.

**TABLE 3: FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
Patient Visits	Neighboring areas of XXX	Mileage=	\$.056 x 2 persons	\$400
Training (name)	Chicago, IL	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$140/night x 2 persons x 3 nights	\$800
		Per Diem (meals)	\$49/day x 2 persons x 4 days	\$400
			TOTAL	\$2,000

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A): **\$2,000**

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more.

If applicant agency defines “equipment” at lower rate, then follow the applying agency’s policy.

**TABLE 4: FEDERAL REQUEST**

Item(s)	Rate	Cost
None		0
	TOTAL	

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

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

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

**TABLE 5: FEDERAL REQUEST**

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$50/mo. x 12 mo.	\$600
Laptop Computer	\$900 x 2	\$1800
Printer	\$300	\$300
Cell Phones	\$200 x 2	\$400
Copies	8000 copies x .10/copy	\$800
Computer update (if needed)		\$877
	<b>TOTAL</b>	<b>\$5,477</b>

**NARRATIVE JUSTIFICATION:** Enter a description of the Supplies requested and how their purchase will support the purpose and goals of this proposal.

For all electronic and computing devices (laptops, tablets, cell phones, etc.) under the \$5,000 threshold, a control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. This control system should include any information necessary to properly identify and locate the item. For example: serial # and physical location of laptops and tablets.

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF424A): **\$5,477**

**F. Contract:**

The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

**TABLE6: FEDERAL REQUEST**

Name		Cost
1. To be selected	Environmental Strategy Consultation Rate is \$150/day for 40 days = \$6,000 Travel 175 miles @ .565/mile = \$100	\$6,100
2. To be selected	Media 1.5 minute Public Service Announcement (PSA)	\$3,000
3. To be selected	Evaluation Report	\$4,000

Name		Cost
4. To be selected	Training for Staff members Trainers: rate is \$300/day for 4 days = \$1,200 Materials: approx. \$5/person X 25 people = \$125 Room Rental = \$75 Travel for Trainers = Flight \$300/person X 2 people = \$600 Per Diem - \$50/day x 4 days x 2 people = \$400	\$2,400
5. To be selected	Data Analysis	\$2,000
6. To be selected	Responsible Server Training Trainer: rate \$500/day	\$500
7. To be selected	Television advertising to run ads 5x/week x \$50/ad X 52 wks.	\$13,000
	<b>TOTAL</b>	<b>\$31,000</b>

**NARRATIVE JUSTIFICATION:** Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those contracts already arranged, please provide the proposed categorical budgets. For those subcontracts that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated and the type of contract (bid, sole source...etc.)

**FEDERAL REQUEST** (enter in Section B column 1 line 6f of form SF424A): **\$31,000**

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

**TABLE 7: FEDERAL REQUEST**

Item	Rate	Cost
1. Rent	\$500/mo x 12 mo.	\$6,000
2. Telephone	\$100/mo. x 12 mo.	\$1,200
3. Student Surveys	\$1/survey x 3000	\$3,000
4. Brochures	.80/brochure X 1500 brochures	\$1,200
5. Web Service	\$100/mo x 12 mo	\$1,200
	<b>TOTAL</b>	<b>\$12,600</b>

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6h of form SF424A): **\$12,600**

**TOTAL YEAR 1 DIRECT COSTS:** Sum of Total Direct Costs

**FEDERAL REQUEST** (enter in Section B column 1 line 6i of form SF424A): **\$129,500**

**TOTAL YEAR 1 INDIRECT COSTS:** Please attach approved IDC rate and explain calculation. If an organization intends to establish an indirect cost rate, they may request in this application

an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A): **\$12,950**

**TOTAL YEAR 1 COSTS:** Sum of Total Direct Costs and Indirect Costs for Year 1  
FEDERAL REQUEST (enter in Section B column 1 line 6k of form F424A):**\$142,450**

YEAR 2:

COMPLETE A SEPARATE BUDGET AND NARRATIVE JUSTIFICATION FOR EACH 12 MONTH PERIOD. Year 2 categorical totals should be reflected in Section B-6, column (2) OF THE SF-424A.

**TOTAL FEDERAL FUNDS REQUESTED:**

SUM OF 24 MONTH TOTAL (SUM OF OBJECT CLASS CATEGORIES FOR COLUMN 1, 6a-k ENTITLED "YEAR 1" AND COLUMN 2, 6a-k ENTITLED "YEAR 2") MUST BE REFLECTED IN COLUMN 5 (5a-k) ENTITLED "TOTAL". See attached sample SF424A.

TOTAL FEDERAL REQUEST (enter in Section B, column (5), TOTAL, the total 24 month period.)

Program Income

All application must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and sources(s).

Budget Period:

Anticipated Amount:

Sources:

**Human Subject Research:  Yes or  No**

**Check "No"** if activities involving human subjects are **not** planned **at any time** during the proposed budget period.

**Check "Yes"** if activities involving human subjects are planned **at any time** during the budget period, either at the applicant organization or at any other project/performance site or collaborating institution. "Yes" should be checked even if the research is exempt from HHS regulatory requirements for the protection of human subjects.

**Provide current IRB approval, if applicable.**

Travel/Training/Conference Guidance:

1. Elaborate and justify the necessity of the travel/training/conference.

2. For each occurrence, please provide the following:
  - A copy of the agenda/training syllabus.
  - Identify which staff will be traveling.
  - How will this travel/conference/training impact the implementation of the program?  
Is it necessary to implement the award?
3. What evaluation mechanism will be used to determine the impact of this training/conference on the outcomes of the award?

If approved, a conference summary is required 30 days after the meeting date. A summary should respond to the following questions:

- As a result of this training/conference, the following impact was made on our project:
- We anticipate these changes will affect our outcomes in the following ways (describe anticipated changes in the following areas):
- The annual report should include follow-up information as to whether or not these changes were realized.

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)			Total (5)
a. Personnel	\$	\$	\$			\$
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$	\$