

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY:** Office of the Assistant Secretary for Health, Office of Population Affairs

**FUNDING OPPORTUNITY TITLE:** **Announcement of Availability of Funds to Enroll Family Planning Clients into Health Insurance Programs**

**ACTION:** Notice

**ANNOUNCEMENT TYPE:** **Limited Competition Grant**

**FUNDING OPPORTUNITY NUMBER:** **PA-FPH-15-029**

**CFDA NUMBER:** 93.217

**CFDA PROGRAM:** **Family Planning Services**

**DATES:** Non-binding letters of intent are due **April 20, 2015**. Applicants may submit applications even if a letter of intent is not submitted.

Applications are due **May 18, 2015** by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date.

Applications which do not meet the specified deadlines will be returned to the applicant unread.

All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be

submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to [ogm.oash@hhs.gov](mailto:ogm.oash@hhs.gov). Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

**The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval.** The application must still be submitted by the deadline. . Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

*Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section IV.4 Intergovernmental Review.

**To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov** since the registration process can take up to one month. For information on registering for Grants.gov, refer to

<http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov).

**Applicants are strongly encouraged to register multiple authorized organization representatives.**

**Technical Assistance:** A technical assistance webinar for potential applicants will be held on March 30, 2015 at 2:00pm ET. Applicants are encouraged to join the weblink at least 10-15 minutes ahead of time to ensure they can obtain access and download any necessary software.

Participants should join the web meeting using the following URL:

<https://www.mymeetings.com/nc/join.php?i=PW3006011&p=5796325&t=c>

Separately, participants should call the following line and provide the pass code to listen to the audio and ask questions: Call: 888-390-1274 Passcode: 5796325

The webinar will be archived and the recording link emailed to existing Title X grantees.

Applicants who are not yet current Title X grantees (but have applied for a service delivery grant) should email the program contact to get access to the webinar recording.

**EXECUTIVE SUMMARY:** The Office of Population Affairs announces the anticipated availability of funds for Fiscal Year (FY) 2015 for a limited competition under the authority of Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq.* This notice solicits applications from Title X service grantees that receive Title X funding as of April 1, 2015 to initiate or expand enrollment assistance activities and facilitate enrollment of eligible clients into affordable health insurance coverage through the Health Insurance Marketplace, Medicaid, the Children's Health Insurance Program (CHIP), or other local programs. This will help clients access high

quality family planning and related preventive health services and expand services to more individuals in need. Awards will be for one year.

## **I. FUNDING OPPORTUNITY DESCRIPTION:**

This funding opportunity announcement (FOA), issued by the Office of Population Affairs (OPA), invites applications from existing Title X family planning grantees that are funded under a current Title X grant project (current is defined as a grant that is funded as of March 31, 2015) to initiate or expand activities to assist individuals in enrolling in health coverage for which they are eligible in order to help current and potential clients access family planning and other related preventive health services.

### Background

The Title X program is designed to provide comprehensive family planning and related preventive health services with priority for services to persons from low income families. The lack of health coverage leads to inadequate access to health services and may result in poor health. In 2013, 63% of the clients seen in Title X service delivery sites self-identified as being uninsured. The Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act (P.L. 111-152) (collectively known as the Affordable Care Act, or ACA) includes a variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The ACA requires most health coverage to include coverage for certain recommended preventive services without cost sharing. Specifically included among the recommended preventive services is coverage for FDA-approved contraception and related patient education and counseling for women with reproductive capacity, which most plans must pay for, without cost sharing. Current

and potential Title X clients need information and assistance to understand available opportunities to identify and obtain the affordable health coverage that best meets their needs. Under 42 CFR §59.5(b)(3), service centers should “inform the community of the availability of services,” which includes health coverage enrollment assistance activities for current and potential Title X clients. For Title X centers that serve a disproportionate number of uninsured individuals, assisting individuals with obtaining health coverage will help clients better access family planning and related preventive health services, which will further the programs’ goals in helping individuals determine “the number and spacing of their children”( 42 CFR §59.1). In addition, increased revenue through third party reimbursements may allow Title X centers to remain sustainable.

The ACA has created a private health insurance Marketplace, called the Health Insurance Marketplace (also referred to as the “Marketplace” or “Exchange”), that provides millions of individuals, families, and small businesses with access to affordable health insurance coverage. Through the Marketplace, eligible individuals and families can receive premium tax credits and cost-sharing reductions to help with the cost of insurance coverage and covered services. Individuals and families can apply for health insurance through the Marketplace during an open enrollment period or, if they experience certain circumstances during the year, during a special enrollment period. The open enrollment period for the Marketplace is anticipated to begin in November 2015 for coverage beginning in 2016. Medicaid and CHIP enrollment is ongoing. The ACA also gives states the opportunity to expand their Medicaid programs with significant funding support from the federal government. Most individuals under 65 years of age with incomes below 133 percent of the federal poverty level (FPL) will be eligible for Medicaid in states that participate in this expansion.

## **Funding Opportunity Activities**

The purpose of the fiscal year (FY) 2015 Title X Enrollment Assistance funding is to support service delivery sites in raising awareness of affordable health coverage options and to provide enrollment assistance to current and potential Title X clients in their approved service areas who do not have coverage. Providing such assistance will help individuals access high quality family planning services in order to determine the number and spacing of their children as authorized under the Title X statute and regulations. Additionally, increased revenue through third party reimbursements will enable services to be provided to additional clients in need.

The requirements set forth in this FOA are specific to the Title X program. Although language in this FOA may be similar to language applicable to other HHS or state-based Marketplace enrollment assistance programs, this FOA is independent of any other HHS enrollment assistance programs (such as the CMS Marketplace Navigator program) and does not seek to duplicate or replace any other such program.

**This opportunity is only open to existing Title X service delivery grantees with an active project as of April 1, 2015.**

Applicants should identify **sites** (all of which should be currently receiving Title X funding) to implement an enrollment intervention. We recommend limiting the number of service sites to between 1 and 5 to ensure that adequate resources are provided to each site. A service site is one clinic or health center. Note, if your application is successful, any change to project sites will require *prior approval* from OASH as a change in project scope. It is expected that the intervention will include the following for each service site that the applicant selects for participation:

A. Increase the service site's current enrollment assistance capacity. For example, this can be accomplished by expanding the hours of existing eligibility/enrollment assistance workers and/or by hiring new project staff to assist clients with enrollment into coverage.

Such staff should:

- a. Be trained on eligibility and enrollment rules and procedures, completing applications, and other areas, as needed, to ensure successful implementation of health coverage application and enrollment services for the target population. If staff is to be newly hired, individuals should be hired and trained within 90 days of the award notice.
- b. Successfully complete required local, State and/or Federal trainings to provide enrollment assistance.
- c. Ensure staff are compliant with organizational, State, and Federal privacy security standards when working with consumers. Demonstrate and maintain expertise in: eligibility and enrollment rules and procedures; the range of insurance affordability programs<sup>1</sup>; the needs of underserved and vulnerable populations; and any applicable organizational, local, State and/or Federal privacy and security standards.

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<sup>1</sup> "Insurance affordability programs" include advance payments of the premium tax credit and cost-sharing reductions assistance for coverage through the Marketplace, as well as Medicaid, CHIP, and the Basic Health Program, as provided in HHS regulations at 42 CFR § 435.4, which state as follows:

§435.4 Definitions and use of terms.

*Insurance affordability program* means a program that is one of the following:

- (1) A State Medicaid program under title XIX of the Act.
- (2) A State children's health insurance program (CHIP) under title XXI of the Act.
- (3) A State basic health program established under section 1331 of the Affordable Care Act.
- (4) A program that makes coverage in a qualified health plan through the Exchange with advance payments of the premium tax credit established under section 36B of the Internal Revenue Code available to qualified individuals.
- (5) A program that makes available coverage in a qualified health plan through the Exchange with cost-sharing reductions established under section 1402 of the Affordable Care Act.

- d. Be unbiased and provide evidence of ability to provide culturally-competent assistance to individuals, including those with limited English proficiency, with enrollment into a range of health coverage programs including, but not limited to, insurance affordability programs, and other local or State programs for which individuals may qualify.
  - e. Not be associated with an individual insurance plan or be an agent or broker for specific insurance providers.
  - f. Conduct education activities to raise awareness about the availability of services and the coverage options available to existing and potential Title X clients.
  - g. In addition, assistance workers should be able to:
    - i. Provide information and assistance in a manner that is culturally and linguistically appropriate to the local community and accessible to individuals with disabilities; and
    - ii. Provide referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the PHS Act to address consumer grievances, complaints, or questions about their health plan, coverage, or a determination.
- B. Demonstrate the capacity to conduct “in reach” with currently uninsured Title X clients (for example by contacting currently uninsured patients to explore options); and outreach to clients in an approved service area that need family planning services. Project staff that are assisting clients with enrollment into health coverage programs are expected to help any Title X client or potential Title X client seeking enrollment assistance. Applicants should also identify mechanisms to provide timely referrals for clients they cannot

directly assist (in case of a language barrier for example). In instances where project staff assisting with enrollments do not have the immediate capacity to adequately help an individual due to language or other barriers, the staff should provide timely referrals to other resources, such as the toll-free Marketplace Call Center, or to other state or local entities that can more effectively serve that individual.

- C. Describe how they will collaborate with other providers in their service area to ensure that activities are coordinated with other local, regional, and/or state-wide outreach and enrollment assistance efforts and, if applicable, training events. A non-exhaustive list of local outreach and enrollment efforts can be found at <https://localhelp.healthcare.gov/>. Applicants should not duplicate existing outreach and enrollment efforts in local communities. Grantees are encouraged to evaluate the service sites in their grantee network in most need of assistance and select those sites for intervention.
- D. Successful applicants will be required to collect and report data as approved by the Office of Management and Budget (OMB Approval number 0990-0423, expiring 8/31/2017) Data elements to be collected are included in Appendix A.

In addition, it is suggested that applicants propose a methodology to calculate a return on investment (ROI) on enrollment activities in order to evaluate their enrollment assistance programs.

Applicants should ensure that service sites selected for intervention are able to protect Personally Identifiable Information (PII) and that data reported will not include any PII.

**AUTHORITY: Section 1001 of the Public Health Service (PHS) Act**

## II. AWARD INFORMATION

The Office of Population Affairs intends to make available approximately \$1,000,000 for competing grants.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to one (1) year, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

### *Award Information*

Estimated Funds Available for Competition: \$1,000,000

Anticipated Number of Awards: 5-10

Range of Awards: up to \$200,000 per budget period

Anticipated Start Date: 08/01/2015

Period of Performance: Not to exceed 1 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

## III. ELIGIBILITY INFORMATION

### *1. Eligible Applicants*

Any Title X family planning services project grantee with an active project period as of April 1, 2015, is eligible to apply. Sub-recipient agencies seeking funds for the activities supported under this announcement must apply through the Title X grantee. Each Title X grantee may submit

only one application that may include activities/products benefiting multiple sub-recipients and/or service sites. All applications must include a clear description of how funds will be used and which service delivery sites within their Title X project will be supported by the grant. *Cost Sharing or Matching*

The following cost sharing requirements apply to the overall Title X grantee agency funding levels. Applicants are not required to demonstrate specific cost sharing for this FOA as long as the grantee's overall Title X project (including the funding from this FOA) meets the requirements below (see example at the end).

Program regulations at 42 CFR §59.7(c) stipulate that: "No grant may be made for an amount equal to 100 percent of the project's estimated costs." Also, 42 CFR § 59.7(b) states that: "No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project that was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975."

For example, Applicant ABC was awarded \$1,000,000 under the Title X service delivery grant and indicated that they would provide cost sharing in the amount of \$200,000. Under this FOA, Applicant ABC is applying for \$200,000. Given the regulations cited above, the applicant should have at least 10% in cost sharing for the total Title X project which equates to \$120,000 (10% of the original \$1,000,000 plus the application under this FOA for \$200,000). Since Applicant-ABC already committed \$200,000 in cost sharing, they are not required to propose matching funds for this FOA specifically.

As another example, Applicant XYZ was awarded \$1,000,000 under the Title X service delivery grant and had committed \$100,000 in cost sharing for their Title X project. Applicant XYZ is applying for \$200,000 under this FOA. They should propose \$20,000 in cost sharing to meet the 10% minimum matching for their overall Title X project.

### *3. Responsiveness and Screening Criteria*

#### **Application Responsiveness Criteria**

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

- Grantee applicant has clearly identified **service sites** (which are currently receiving Title X funding) where outreach and enrollment activities will be implemented. Note that service sites are individual service sites (not sub-recipient organizations).

#### **Application Screening Criteria**

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed.

Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via [www.grants.gov](http://www.grants.gov) (unless an exemption was granted 2 business days prior to the deadline) by May 18, 2015, 5:00pm ET.

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 25 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.
4. The total application including Appendices must not exceed 55 pages. NOTE: items noted above do not count toward total page limit.
5. Proposed budget does not exceed maximum indicated in Range of Awards.
6. The application has met the **Application Responsiveness Criteria** outlined above.

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

##### **INFORMATION**

##### 1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at <http://www.grants.gov/>. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email [ASH@LCGnet.com](mailto:ASH@LCGnet.com).

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

##### **Letter of Intent**

Prospective applicants are asked to submit a letter of intent as early as possible, but no later than the **deadline indicated in DATES on page 1 of this announcement**. Although a letter of intent

is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. The letter of intent should be sent to the address listed under the AGENCY CONTACTS section below. The letter of intent should include a descriptive title of the proposed project, the name of the organization that will be applying for funding, the contact name, email address, mailing address and telephone number for the designated authorized representative of the applicant organization, and the FOA number and title of this announcement.

#### Application Format

Applications must be prepared using forms and information provided in the online grant application package.

**The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria.**

**Project Narrative pages must be double-spaced.**

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

## Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

## Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

## Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

## Electronic Submission

**The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted.** Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned

copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **Important Grants.gov Information**

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov.

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Instructions are available on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

- All applicants must register in the System for Account Management (SAM)). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (<https://www.sam.gov>.) You must renew your SAM registration each year. Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***
- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

## B. Application Content

Successful applications will contain the following information:

### **Project Narrative**

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

The components of the Project Narrative counted as part of the 25-page limit include:

- Summary
- Section I: Need for Outreach and Enrollment
- Section II: Enrollment Goals
- Section III: Proposed Activities
- Section IV: Evaluation
- Section V: Project Management and Organizational Capability

**Summary:** the summary should be no more than one page and include a basic description of the project. This should include information on the service delivery sites and geographic regions to be included, the number of workers that will be trained, the projected number of individuals who will be assisted and enrolled in health coverage, and any collaboration with other local outreach and enrollment efforts.

### ***Section I: Need for Outreach and Enrollment***

Describe the need for outreach and assistance with enrollment in health coverage in the selected sites/geographic area. This section should include any relevant data on the numbers and characteristics of uninsured individuals, the existing availability of enrollment resources, and the health coverage programs available at the local and State level. This section should also include a description of the Title X funded service sites being selected for intervention with particular emphasis on the local needs for those services sites. Note: A minimum of one and a suggested maximum of five Title X funded service sites should be selected for intervention. A service site in an individual clinic or health center.

If a grantee was funded under this program in 2014, the applicant should provide an overall summary of the efforts from this cycle. The applicant should also make a strong case for why there is a continued need and/or new or continuing sites.

### ***Section II: Enrollment Goals***

Provide the target goals for enrollment activities. This must include the number of individuals to be trained as assistance staff, the number of individuals to be assisted and enrolled in health coverage for which they are eligible, and any other goals developed by the applicant. These goals should be based on the need identified in the application and consistent with the resources to be expended on enrollment activities through funds requested in this proposal. . This section should also clearly indicate the service sites being chosen including the site's name and street address. Goals should be established for each individual service site.

Note: if funded, grantee progress will be monitored based on these enrollment goals so only include activities that can be conducted using funding from this application.

### ***Section III: Proposed Activities***

Provide a description of proposed activities. This section should also include a description of how existing local resources may be leveraged or partnerships that will help the applicant achieve their goals. This section should also include a description of how all enrollment assistance workers will be trained.

Major activities may include:

- Developing enrollment assistance coordination/collaboration plans;
- Recruiting and hiring new enrollment assistance workers within 90 days of receiving an award.
- Successfully completing all required and applicable Federal and/or State consumer assistance training;
- Performing outreach and enrollment assistance activities for those needing family planning services; and
- Evaluating progress and revising strategies, as appropriate.

### ***Section IV: Evaluation***

This section should describe the methods that you will use to evaluate whether or not the enrollment efforts achieve targeted goals. The evaluation should also assess the impact of enrollment. One way an applicant may do this is by presenting a methodology to calculate a return on investment. You should describe the quantitative and qualitative tools and techniques that you will employ to collect data and how you will identify and document the “lessons learned” across all sites where activities are being conducted.

### ***Section V: Project Management and Organizational Capability.***

This section should include a clear delineation of the roles and responsibilities of project staff and sub-recipients, if applicable, and how they will contribute to achieving the project's goals and activities. It should specify who will have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. If utilizing sub-recipients, the applicant should provide a plan for monitoring sub-recipients including assuring training for enrollment assistance workers, including as required by applicable law. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

This section should also include an organizational capability statement and job duties for key personnel, including individuals to be trained as assistance workers. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience. If appropriate, include an organizational chart showing the relationship of the project to the current organization. Curriculum vitae and organizational charts should be included in the appendices and will count towards the appendices page limit. Curriculum vitae can be truncated to only include relevant information.

Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

## **Budget Narrative**

You are required to submit a detailed one-year Budget Narrative,. ***Please Note:*** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the ***cost estimated per proposed project, activity, or product.*** This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

## **Appendices**

**All items described in this section will count toward the total page limit of your application.**

**Work Plan.** The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover the entire year of activities. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

## **Letters of Commitment from Subrecipient Organizations and Agencies**

Letters of Commitment are required for all organizations and entities that have been specifically named as a subrecipient to carry out any aspect of the project. The signed letters of commitment ***must detail*** the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of "support," and letters of support such as this will not be considered during the review.

### 3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

**Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.** You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

### 4. Intergovernmental Review

Applications under this announcement are subject to the requirements of

Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of the SPOCs is available at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc). For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

#### 5. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 79 Federal Register 75871 (December 19, 2014).

Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State. A list of DCA Regional Offices is included in the grant application package for this announcement.

Applicants should note that the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45CFR § 75.215 Special Provisions for Awards to Commercial Organizations as Recipients) indicate that, except for awards under certain small business programs, no grant funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs.

Funds awarded under this opportunity may not be used by the grantee or any of its sub-recipients to carry out activities funded through other HHS grants or from a State-based Marketplace for similar outreach, education and enrollment assistance efforts.

*Pre-Award Costs:*

Pre-award costs are not allowed.

*Salary Limitation:*

The Consolidated Appropriations Act, 2014 (P.L. 113-76) , and the Continuing Resolutions thus far for FY 2015 (Public Law No. 113-164) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$181,500. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$181,500, their direct salary

would be \$90,750 (50% FTE), fringe benefits of 25% would be \$22,687.50, and a total of \$113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b>	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$181,500	
50% of time will be devoted to the project	
Direct salary	<b>\$90,750</b>
Fringe (25% of salary)	<b>\$22,687.50</b>
Total amount	<b>\$113,437.50</b>

**Appropriate salary limits will apply as required by law.**

6. Other Submission Requirements

**None.**

**V. APPLICATION REVIEW INFORMATION**

1. Criteria: Eligible applications will be assessed according to the following criteria:

The crosswalk below also provides applicants with information on suggested placement in the program narrative to assist reviewers in locating the requested information.

<b>Review Criteria and Points</b>	<b>Suggested Narrative Section where criteria should be addressed</b>
<p>A high need for outreach and enrollment assistance in the service areas identified. This includes the extent to which service sites selected for intervention demonstrate a high need for outreach and enrollment activities. If grantees have been previously funded, the extent to which a continued or new need exists in the proposed sites. <b>(20 points)</b></p>	<p>Section I: Need for Outreach and Enrollment</p>
<p>The ability to leverage existing local efforts without duplicating services already provided. <b>(10 points)</b></p>	<p>Section III: Proposed Activities, Workplan and Letters of Support (if appropriate)</p>
<p>The extent to which the proposed activities will achieve stated enrollment goals, and the extent to which goals are reasonable and achievable. If the grantee was previously funded for enrollment assistance, the past performance and success of the grantee in enrolling clients. <b>(20 points)</b></p>	<p>Section III: Proposed Activities and Workplan (appendices)</p>
<p>The ability to hire and train needed enrollment assistance workers in a timely manner <b>(10 points)</b></p>	<p>Section III: Proposed Activities and Workplan (appendices)</p>
<p>The ability to achieve a high impact as demonstrated by the projected numbers of individuals who will be assisted and enrolled in health coverage for which they are eligible. <b>(10 points)</b></p>	<p>Section II: Enrollment Goals (and supported by Section I: Need for Outreach and Enrollment)</p>
<p>The ability to evaluate activities, make mid-course corrections to ensure success, and successfully calculate a return on investment. <b>(20 points)</b></p>	<p>Section IV: Evaluation</p>
<p>The extent to which the organization can effectively manage the project and support and monitor sub-recipient organizations. <b>(10 points)</b></p>	<p>Section V: Project Management and Organizational Capability</p>

## 2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in this FOA. in the previous section.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. Final award decisions will be made by the Deputy Assistant Secretary for Population Affairs, or designee. In making these decisions, the following additional criteria will be taken into consideration:

1. The geographic distribution of funded activities.

## 3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

## **VI. AWARD ADMINISTRATION INFORMATION**

### 1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application,

please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail.

This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable.

Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

## 2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement,

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.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

#### Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

#### Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

#### Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended

(22 U.S.C. 7104). For the full text of the award term, go to

[http://www.hhs.gov/opa/grants/trafficking\\_in\\_persons\\_award\\_condition.html](http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html). If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

### Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at [http://dhhs.gov/asfr/ogapa/acquisition/effspendpol\\_memo.html](http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html).

### Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

### Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid

in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

### Programmatic Reporting

Grantees will be required to submit quarterly data reports. These reports will be used to track progress and should include the data elements included in Appendix A (number of trained workers, numbers of individuals assisted, number receiving an eligibility determination, and number enrolled). A final data report covering the entire project period is due 30 days after the end of the project period. Data reports will be submitted using OPA’s online data submission system.

In addition, a final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

### Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR

covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

#### Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

#### FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

## **VII. AGENCY CONTACTS**

### Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Dixie Perez  
1101 Wootton Parkway, Suite 550  
Rockville, MD  
Phone: 240-453-8822  
Email: [Dixie.perez@hhs.gov](mailto:Dixie.perez@hhs.gov)

For information on program requirements, contact the program office.

For information on program requirements, contact the program office.

Tasmeen Weik, DrPH, MPH  
Office of Population Affairs  
1101 Wootton Parkway, Suite 700  
Rockville, MD 20852  
Phone: 240-453-2802  
Email: [tasmeen.weik@hhs.gov](mailto:tasmeen.weik@hhs.gov)

Please submit letters of intent to Tasmeen Weik via email at [tasmeen.weik@hhs.gov](mailto:tasmeen.weik@hhs.gov)

## **VIII. OTHER INFORMATION**

### **Application Elements**

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Budget Narrative

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices: should include work plan, staff curriculum vitae, an organizational chart, and letters of commitment from sub-recipients.

[DATE]

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Susan Moskosky, MS, WHNP-BC  
Acting Director, Office of Population Affairs

**Appendix A: Outreach and Enrollment Data Collection Elements**

OMB Approval number 0990-0423, expiring 8/31/2017

<b>1. O/E Activities</b>		<b>Current reporting period</b>
1a.	Number of O/E assistance workers <sup>2</sup> that have successfully completed all required federal and/or state <u>training</u> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for <b>full Medicaid (only)</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for partial Medicaid programs ( <b>ex: Family Planning Waiver Program</b> ).	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for <b>other state special programs</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for the <b>Health Insurance Marketplace</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training <b>for all of the above</b> .	
1b.	Number of individuals <u>assisted</u> <sup>3</sup> by a trained O/E assistance worker.	
	Number of individuals assisted by a trained O/E assistance worker for <b>Medicaid only</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for <b>partial Medicaid (Family Planning Waiver Program or SPA)</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for the health insurance <b>marketplace only</b> . (OPTIONAL)	
1c.	Number of individuals who receive an <u>eligibility determination</u> <sup>4</sup> for the Marketplace, Medicaid, or CHIP with the assistance of a trained O/E assistance worker.	

<sup>2</sup> Title X outreach and enrollment assistance workers are any grantee, sub recipient or service site staff, contractors, or volunteer assistance personnel who are trained to facilitate enrollment of individuals into coverage through the Marketplace, Medicaid and/or CHIP.

<sup>3</sup> This should include in-person education about affordable insurance coverage options (one-on-one or small group) and any other assistance provided to facilitate enrollment, e.g., setting up an account, filing insurance affordability program application, receiving an eligibility determination, and/or selecting a qualified health plan or Medicaid/CHIP plan.

<sup>4</sup> Include all individuals who received an eligibility determination, even if the individual is not determined to be eligible for Medicaid/CHIP or for coverage or a subsidy through the Marketplace.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0915-0285. The time required to complete this information collection is estimated to average 1 hours/ minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the

	Number of individuals who receive an eligibility determination with the assistance of a trained O/E assistance worker for <b>Medicaid only</b> . (OPTIONAL)	
	Number of individual who receive an eligibility determination with the assistance of a trained O/E assistance worker for <b>partial Medicaid (Family Planning Waiver Program or SPA)</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for the health insurance <b>marketplace only</b> . (OPTIONAL)	
1d.	Number of individuals who <u>enroll</u> in any plan (e.g., select a qualified health plan or Medicaid/CHIP) with the assistance of a trained O/E assistance worker.	
	Number of individuals who <u>enroll</u> in a <b>partial Medicaid</b> with the assistance of a trained O/E assistance worker. <sup>5</sup> (OPTIONAL)	
	Number of individuals who <u>enroll</u> in <b>full Medicaid</b> or <b>other public insurance plan</b> (e.g., select a qualified health plan or Medicaid/CHIP) with the assistance of a trained O/E assistance worker. <sup>4</sup> (OPTIONAL)	
	Number of individuals who <u>enroll</u> in a <b>private plan</b> (e.g., select a plan purchased in an exchange/marketplace or through private insurance) with the assistance of a trained/OE assistance worker. <sup>4</sup> (OPTIONAL)	

## 2. Barriers (for the current reporting period only)

Describe any major outreach and enrollment barriers you have encountered.

Required; up to 1500 characters (1/2 page)

## 3. Key Strategies and Lessons Learned (for the current reporting period only)

Describe key strategies and lessons learned that have contributed to the success of your outreach and enrollment efforts.

time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

<sup>5</sup> An individual is considered “enrolled” if they have selected a plan and enrolled in it, regardless of whether or not they have paid the premium for the plan yet.

([http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt_enrollment.pdf))

Required; up to 1500 characters (1/2 page)