

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

HEALTHY KIDS Funding Opportunity:

Connecting Kids to Coverage (CKC)

HEALTHY KIDS 2019

Outreach and Enrollment Cooperative Agreements

**Initial
Announcement
Cooperative
Agreement**

Funding Opportunity Number: **CMS-1Y1-19-001**

CFDA: 93.767

Date: 11/30/2018

Applicable Dates:

FOA Posting Date: 11/30/18

Letter of Intent to Apply Due Date: 01/04/19

Electronic Cooperative Agreement Application Due Date: 01/28/2019

Anticipated Announcement of Awards: 06/01/2019

**Anticipated Cooperative Agreement Period of Performance: 07/01/2019 –
06/30/2022**

Applicant Teleconference: Wednesday, December 19, 2018

Conference Call Time: 2:00 PM - 3:30 PM ET

Dial-in Number: 1-877-271-1828

Password: 79298811

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

Table of Contents

I. EXECUTIVE SUMMARY	4
II. PROGRAM DESCRIPTION.....	6
1. Purpose	6
2. Authority	7
3. Background	7
4. Program Requirements.....	9
III. FEDERAL AWARD INFORMATION	14
1. Total Funding.....	14
2. Award Amount.....	14
3. Anticipated Award Dates	14
4. Period of Performance	14
5. Number of Awards.....	14
6. Type of Award	14
IV. ELIGIBILITY INFORMATION	15
1. Eligible Applicants.....	15
2. Cost Sharing/Matching and Maintenance of Outreach Funding.....	16
3. Mandatory Letter of Intent.....	16
4. Single Application Requirement.....	17
5. CMS/Grantee Collaboration	17
6. EIN, DUNS, and SAM Regulations	18
V. APPLICATION and SUBMISSION INFORMATION.....	18
1. Application Package	18
2. Submission Dates and Times	23
3. Intergovernmental Review.....	23
4. Cost Restrictions	23
VI. APPLICATION REVIEW INFORMATION.....	26
1. Criteria	26

2. Review and Selection Process	31
3. Anticipated Award Date	32
VII. AWARD ADMINISTRATION INFORMATION.....	32
1. Federal Award Notices	33
2. Administrative and National Policy Requirements.....	33
3. Terms and Conditions	37
4. Cooperative Agreement Terms and Conditions of Award	38
5. Reporting.....	39
VIII. AGENCY CONTACTS.....	42
IX. APPENDICES	44
APPENDIX A: Outreach Activities to Consider	44
APPENDIX B: Using Parents of Medicaid or CHIP-enrolled Children as Mentors to Parents of Uninsured Children.....	46
APPENDIX C: Guidance for Preparing a Budget Request and Narrative	47
APPENDIX D: Application and Submission Information	58
APPENDIX E: Application Check-Off List Required Contents	64
APPENDIX F: Definitions of Frequently Used Terms.....	65
APPENDIX G: Letter of Intent to Apply.....	68
APPENDIX H: 504 Compliance.....	60
APPENDIX I: Business Assessment of Applicant Organization	64
APPENDIX J: Review and Selection Process	69

I. EXECUTIVE SUMMARY

The Connecting Kids to Coverage HEALTHY KIDS 2019 Outreach and Enrollment Cooperative Agreements program provides funding opportunities to reduce the number of children who are eligible for, but not enrolled in, Medicaid and the Children's Health Insurance Program (CHIP), and to improve retention of eligible children who are enrolled in the programs. This program is authorized under Section 2113 of the Social Security Act, as amended by Section 3004(a) of the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (referred to as the HEALTHY KIDS Act and included in Pub. L. 115-120) and by Section 50103 of the Advancing Chronic Care, Extenders, and Social Services Act (referred to as the ACCESS Act and included in Pub. L. 115-123).

Funding Opportunity Title:	Connecting Kids to Coverage HEALTHY KIDS 2019 Outreach and Enrollment Cooperative Agreements
Announcement Type:	New
Funding Opportunity Number:	CMS-1Y1-19-001
Catalog of Federal Domestic Assistance:	93.767
Letter of Intent to Apply Due Date:	January 4, 2019
Cooperative Agreement Application Due Date:	01/28/2019 3:00 p.m. Eastern (Baltimore MD) Standard Time (EST)
Anticipated Notice of Award:	June 1, 2019
Performance Period:	36 months
Anticipated Total Annual Available Funding:	\$48,000,000
Estimated Number and Type of Awards:	35 Cooperative Agreements
Estimated Award Amount:	\$500,000 up to \$1,500,000
Eligible Applicants:	<ul style="list-style-type: none"> • A state with an approved child health plan under this title (42 U.S.C. Section 1397aa et seq.); • A local government; • An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider; • A federal health safety net organization; • A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers, community-based doula programs, or parent mentors; • A faith-based organization or consortia, to the extent that a cooperative agreement awarded to such an entity is consistent with the requirements of Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities; and/or • An elementary or secondary school.

II. PROGRAM DESCRIPTION

This notice of funding opportunity (NOFO) seeks applications for the **Connecting Kids to Coverage HEALTHY KIDS 2019 Outreach and Enrollment Cooperative Agreement** grant funding (HEALTHY KIDS 2019 Cooperative Agreements). These HEALTHY KIDS 2019 Cooperative Agreements will support outreach strategies similar to those conducted in previous Connecting Kids to Coverage grant cycles, and participation in key outreach initiatives coordinated by the Connecting Kids to Coverage National Campaign (the National Campaign). The National Campaign provides outreach training and support for grantees and other partners who are working to help enroll eligible children in Medicaid and CHIP.

1. Purpose

The HEALTHY KIDS Act provides \$120 million for activities aimed at reducing the number of children who are eligible for, but not enrolled in, Medicaid and CHIP, and improving retention of enrolled children. Of the total \$120 million in funding, 10 percent will be set aside for outreach to American Indian/Alaska Native (AI/AN) children, 10 percent will be set aside for the National Campaign, and the remainder will be awarded for outreach and enrollment of uninsured children and their parents. This specific NOFO makes available \$48 million in grants to states, local governments, Indian tribes, tribal consortium, urban Indian organizations receiving funds under title V of the Indian Health Care Improvement Act, federal health safety net organizations, community-based organizations, faith-based organizations, and schools. The list of eligible entities is in Section 1, Executive Summary, page 4, of this NOFO.

The HEALTHY KIDS Act funding for outreach and enrollment grants will build upon successful strategies facilitated by previous Connecting Kids to Coverage grant funding initiatives under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3), the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148), and the Medicare Access and CHIP Reauthorization Act (MACRA) (Pub. L. 114-10). To date, CHIPRA, the ACA, and MACRA provided the Centers for Medicare and Medicaid Services (CMS) with funding to award \$162 million to eligible entities to support the enrollment and retention of eligible children in Medicaid and CHIP. This funding has been disbursed through four cycles of grants that were broadly targeted to eligible but unenrolled children, and three rounds of grants that were specifically targeted to AI/AN children.

Since 2009, enrollment grants have been awarded to over 230 community-based organizations, states, and local governments. Community-based organization awardees have included health care providers, schools, tribal organizations, and other types of nonprofits. Community-based organizations typically have access to and credibility with low-income families in their communities, making them indispensable partners for carrying out specialized strategies to target the hard-to-

reach children who remain uninsured. State and local government agencies also play a critical role in helping to identify and enroll children. They are in a strong position to partner with other local and state run health and human services programs and agencies such as SNAP, child care agencies, and WIC to identify uninsured children and enroll them in coverage.

Grantees implemented a variety of outreach and enrollment strategies aimed at educating families about the availability of Medicaid and CHIP, identifying children likely to be eligible for these programs, and directly assisting families with the application and renewal process. For example, grantees used mobile enrollment strategies to provide one-on-one direct assistance to families living in rural areas, and worked closely with partners, often leveraging partners' service sites, community relationships, and other resources to reach more children and families. Beginning in 2016, applicants were encouraged to include parents in outreach and enrollment efforts because a large body of research suggests this is effective in increasing children's enrollment and access to care. Grantees also participated in key initiatives coordinated by the National Campaign, such as back-to-school outreach efforts.

The National Campaign also continues under the HEALTHY KIDS Act to provide resources for outreach training and support for grantees and partner organizations. The National Campaign, led by CMS, provides a full range of outreach and enrollment materials including customizable posters and flyers, as well as radio and TV public service announcements, videos featuring successful outreach strategies, and outreach strategy guides that suggest effective ways to use the materials. Most materials are available in English and Spanish, and some are available in other languages as well. The National Campaign regularly conducts training webinars on key outreach and enrollment topics and also augments media outreach in selected target markets. All materials produced by the National Campaign, including recordings of all past webinars along with information about previous grantees, are available at <https://www.insurekidsnow.gov/>

2. Authority

The HEALTHY KIDS Act provides funding for the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2023 and the ACCESS Act subsequently extended funding for an additional four years through FFY 2027.

3. Background

Since 2009, the nation has made substantial progress on reducing the number of uninsured children and enrolling eligible children in Medicaid and CHIP. A recent analysis of Census data found that the rate of uninsured children fell from 7.0 percent in 2013 to an all-time low of 4.3 percent in 2016, and just over 3.3

million children remain uninsured.¹ In FFY 2017, Medicaid and CHIP served over 46 million children.² That is more than 1 in every 2 children in America.

In addition to the decline in the percentage of uninsured children, Medicaid and CHIP participation rates increased, indicating that a greater proportion of eligible children were enrolling and gaining access to the health benefits that Medicaid and CHIP provide. A study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates, found that nationally, participation rates have increased steadily from 81.7 percent in 2008 to 85.8 percent in 2010, and most recently 93.7 % in 2016.³ 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.

The researchers attribute these achievements to the efforts states have made to streamline eligibility, verification, enrollment and renewal rules and procedures, and also to state and community-based outreach efforts. Since January 1, 2014, states have made significant changes to their Medicaid and CHIP eligibility determination policies, procedures and systems. Progress has been made to assure that application and enrollment processes and systems are seamless across insurance affordability programs, including Medicaid, CHIP, and Qualified Health Plans (QHP) through Exchanges. States have also improved the renewal process for Medicaid and CHIP enrollees by using a data-driven redetermination process. States must use available data sources to determine eligibility without contacting enrollees, if possible per 42 CFR 435.916 and 457.343. If additional information is needed to determine eligibility, the state must send a renewal form pre-populated with information available to the agency. Other crucial components involve providing families and individuals applying for health insurance with reliable information and direct application assistance.

While this progress is significant, an Urban Institute analysis shows that there are still approximately 1.9 million children eligible for Medicaid and CHIP but not enrolled.⁴ Recent improvements have narrowed gaps in coverage, yet coverage disparities persist. For example, AI/AN children continue to experience the highest uninsured rate, 8.0 percent, followed by Hispanic children with a rate of 7.1 percent uninsured. The Urban Institute analysis also shows that children in the

¹ Haley, Jennifer, Genevieve Kenney, Robin Wang, Clare Pan, Victoria Lynch, and Matthew Buettgens. Uninsurance and Medicaid/CHIP Participation among Children and Parents. September 2018. The Urban Institute. https://www.urban.org/sites/default/files/publication/99058/uninsurance_and_medicaidchip_participation_among_children_and_parents_updated_1.pdf

² <https://www.medicaid.gov/chip/downloads/fy-2017-childrens-enrollment-report.pdf>

³ Haley, Jennifer, Genevieve Kenney, Robin Wang, Victoria Lynch, and Matthew Buettgens. Medicaid/CHIP Participation Reached 93.7 Percent Among Eligible Children in 2016. August 2018. The Urban Institute. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.0417>

⁴ Ibid.

South and in nonmetropolitan areas have higher rates of uninsurance, at 5.7 percent and 5.4 percent, respectively.⁵ In short, the nation is moving forward to ensure that children have the health coverage they need, but there is more work to be done.

Families and individuals continue to seek such help from organizations they know and trust – health care providers, their child’s school, familiar community-based organizations, and faith-based groups. In addition, state and local government agencies play a critical role in helping to identify and enroll children. These government agencies are in a strong position to partner with other local and state run health and human service programs and agencies such as Supplemental Nutrition Assistance Program (SNAP), child care, and WIC to identify uninsured children and enroll them in coverage. Government agencies also have relationships with local communities that can be leveraged to support outreach and enrollment efforts.

Thus, the services of Connecting Kids to Coverage (CKC) grantees remain fundamental to enrolling the hardest to reach children and adolescents and achieving the goal of reducing the number of children eligible for Medicaid and CHIP who are not enrolled and also helping children stay covered for as long as they are eligible.

4. Program Requirements

Planning Period

All awardees will be given a 90 day planning period to ensure that needed project leadership is engaged and the identified employees are fully trained and available to work on the cooperative agreement. CMS will allow grantees to use grant funds to employ individuals and begin operations during this time. However, full funding for the first year of the budget period will be restricted until the grantee demonstrates full staffing and readiness to begin operations. CMS will work with all awardees to evaluate their readiness and to provide full or conditional approval for further funding.

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

Special Considerations for Applicants that Represent Collaborative Efforts

Applicants that are collaboratives, and will use the strengths of each participating

⁵ Haley, Jennifer, Genevieve Kenney, Robin Wang, Clare Pan, Victoria Lynch, and Matthew Buettgens. Uninsurance and Medicaid/CHIP Participation among Children and Parents. September 2018. The Urban Institute. https://www.urban.org/sites/default/files/publication/99058/uninsurance_and_medicaidchip_participation_among_children_and_parents_updated_1.pdf

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

Project Activities

Grants awarded under the cooperative agreement will fund activities/strategies aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families, including parents, to apply for coverage. Funds will also support efforts to assist families with the annual renewal process.

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

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

Grantees will be required to participate in National Campaign activities and adopt strategies promoted by the National Campaign. In particular, grantees will be required to work with the National Campaign on two special initiatives each year. These initiatives are designed to capitalize on key opportunities for outreach that are expected to be particularly productive. The first will be focused on outreach during Back-to-School time. The second will take place after the annual Exchange open enrollment period ends and will feature the Medicaid/CHIP year-round application and enrollment messaging. This is critical as people can enroll in Medicaid and CHIP at any time and are not limited to an open enrollment period. Grants awarded under this cooperative

agreement will remind families that they can apply for Medicaid and CHIP year-round.

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

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

- To be most effective, outreach efforts should link families to direct (one-on-one) enrollment and renewal support.
- Providing assistance with online applications and providing renewal support can make enrollment and retention more efficient, effective, and consumer-friendly.
- While the emphasis of the HEALTHY KIDS 2019 Outreach and Enrollment Cooperative Agreements remains focused on enrolling eligible children in Medicaid and CHIP, a large body of research finds that when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care.⁶ Appropriate messaging and strategies that help enroll eligible parents can also facilitate the enrollment of eligible children.
- In past cycles, a number of CKC grantees have also been Navigators, or coordinated closely with Navigators to ensure that a holistic approach is taken to provide coverage to all eligible members in the family.⁷ We continue to welcome applicants that are Navigators or coordinate closely with Navigators.
- Families often seek health insurance for their children at times when they are most attuned to needing health services for them, such as when they are sick or injured, need physical exams to enroll in school or summer programs, or need routine preventive care, including immunizations, vision and hearing tests, or asthma and allergy screenings. Organizations and institutions that provide such services – such as hospitals, health clinics, departments of health, and schools –

⁶ Hudson, Julie, Asako Moriya, “Medicaid Expansion for Adults Had Measureable ‘Welcome Mat’ Effects on Their Children,” *Health Affairs*, 36 no. 9 (September 2017), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347>

⁷ A Navigator is an individual or organization that's trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Exchange, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased and their services are free to consumers.

are in a good position to conduct outreach and help families get their eligible children enrolled. They may also be more likely to have the infrastructure to sustain and track progress of outreach and enrollment efforts.

- States and local government agencies play key roles in helping to identify and enroll children. They can partner with other local and state health and human service programs and agencies such as SNAP, child care agencies, and WIC to identify uninsured children and enroll them in coverage because of their relationships with local communities that can be leveraged to support outreach and enrollment efforts. Applicants that are not one of these types of organizations or institutions may wish to consider partnering with one or more of these entities.
- Parents who have at least one Medicaid or CHIP-enrolled child can serve as mentors to parents of uninsured children during the application and renewal process. Parent mentors educate families with uninsured children about health insurance coverage, and assist with completing and submitting applications for health insurance coverage. They can also provide guidance on identifying medical and dental homes and community pharmacies for children, provide assistance and referrals to successfully address social determinants of children's health, and act as a liaison between the families and the state. One study showed that the use of parent mentors was more effective than traditional methods in insuring children, achieving faster coverage, and renewing coverage.⁸ Applicant organizations may wish to work with parent mentors as a strategy to increase the participation of eligible, particularly hard-to-reach, children in Medicaid and CHIP (Please see Appendix B for more information).

Data and Reporting Requirements

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

⁸ Flores G., Lin H., Walker C, et al. Parent Mentors and Insuring Uninsured Children: A Randomized Controlled Trial. *Pediatrics*. 2016; 137(4): e 0153519; Flores G., Lin H., Walker C, et al. Parent Mentoring Program Increases Coverage Rates for Uninsured Latino Children. *Health Affairs*. 2018; 37(3); 403–412.

may also report additional data that illustrates their progress in increasing the participation of eligible children in Medicaid and CHIP.

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

- Number of children for whom an application for health coverage has been submitted as a direct result of CKC funding
- Number of children verified to be newly enrolled in Medicaid or CHIP as a direct result of CKC funding
- Number of children for whom the grantee submitted a renewal form for Medicaid or CHIP coverage
- Number of children verified to be renewed in Medicaid or CHIP as a direct result of CKC funding
- The outreach and enrollment activities completed during the month

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

- Number of parents for whom an application for health coverage has been submitted as a direct result of CKC funding
- Number of parents verified to be newly enrolled in Medicaid as a direct result of CKC funding
- Number of parents for whom the grantee submitted a renewal form for Medicaid coverage
- Number of parents verified to be renewed in Medicaid as a direct result of CKC funding

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

Grantees will be required to verify which children are enrolled or renewed in coverage as a result of CKC funding. To the extent possible, the best way to verify new enrollments and successful renewals is with the state or county Medicaid and/or CHIP agencies. This would typically require the establishment of a detailed Memorandum of Understanding (MOU) or other data-sharing agreement between the grantee and the relevant state or county Medicaid/CHIP agencies that allows grantees to submit detailed identifying information about the people they have assisted and receive verifications in response. Non-state applicants must describe their plans to secure an MOU or other data-sharing agreement with the state or county Medicaid/CHIP agencies within 90 days after the cooperative agreement is awarded.

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

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

Please note, all applications, enrollments, and renewals reported should be directly attributable to this cooperative agreement. For example, if a HEALTHY KIDS 2019 grantee is also a Navigator grant recipient, only enrollment and renewal data directly attributed to CKC HEALTHY KIDS 2019 funding should be reported.

III. FEDERAL AWARD INFORMATION

1. Total Funding

The total amount of federal funds available is anticipated to be \$48,000,000.

2. Award Amount

The amount of each cooperative agreement award made to eligible applicants may range from \$500,000 up to \$1,500,000, with the award amount commensurate with enrollment and renewal targets.

3. Anticipated Award Dates

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

4. Anticipated Period of Performance

The project period of performance for each Cooperative Agreement awarded will be three years from the date of notice of award. There will be three one-year budget periods for the period of performance from 07/01/2019 to 06/30/2022.

5. Number of Awards

CMS has no way to know the actual number of applicants and quality of award submission at this time. However, based on previous grant experience we anticipate awarding approximately 35 cooperative agreements.

6. Type of Award

These awards will be structured as Cooperative Agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative

agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

IV. ELIGIBILITY INFORMATION

1. Eligible Applicants

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

- a. A state with an approved child health plan under this title [42 U.S.C. Section 1397aa et seq.];
- b. A local government;
- c. An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider;
- d. A federal health safety net organization;
- e. A national, state, local, or community-based public or nonprofit private organization, including organizations that use community health workers, community-based doula programs, or parent mentors;⁹
- f. A faith-based organization or consortia, to the extent that a cooperative agreement awarded to such an entity is consistent with the requirements of Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65) relating to a grant award to nongovernmental entities; and/or
- g. An elementary or secondary school.

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

Applicants that had Cycle I, II, III, or IV or AI/AN grants may apply for a Connecting Kids to Coverage (HEALTHY KIDS 2019) cooperative agreement if

⁹ Please see Appendix B for more information.

their proposal meets one of the following:

- New and distinct activities: A Cycle I, Cycle II, Cycle III, Cycle IV or AI/AN grantee may submit a proposal for activities that are new and distinct from those previously funded under the Cycle I, Cycle II, Cycle III, Cycle IV or AI/AN grant, OR
- Continuation of successful activities: A Cycle I, Cycle II, Cycle III, Cycle IV or AI/AN grantee that wishes to continue activities it is currently or previously conducted, may submit a proposal for a HEALTHY KIDS 2019 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.

Ineligible Applicants

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

Threshold Criteria

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

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

2. Cost Sharing/Matching and Maintenance of Outreach Funding

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

3. Mandatory Letter of Intent

Applicants are **required** to submit a non-binding Letter of Intent to Apply (See Appendix F). CMS reserves the right to consider an applicant ineligible without a timely Letter of Intent (LOI). The Letter of Intent enables CMS to better plan for the application review process. Letters of Intent to Apply should be submitted by email to CMS at healthykids@grantreview.org by January 4, 2019 3:00 p.m. Eastern (Baltimore) time.

4. Single Application Requirement

Only one application may be submitted by any given lead eligible entity for funding of a Connecting Kids to Coverage HEALTHY KIDS 2019 cooperative agreement; however, an eligible entity may be a member of multiple applicant collaboratives. Entities working together as a collaborative shall submit one application. Only one HEALTHY KIDS 2019 cooperative agreement will be awarded to a single eligible entity or to the lead agency of a collaborative.

If an eligible entity submits more than one application, only the last eligible application submitted, before the stated deadline, will be accepted for review. All awardees must attest that they will not finance the same scope of work under more than one HEALTHY KIDS 2019 cooperative agreement award or other federal or non-federal funding stream.

5. CMS/Grantee Collaboration

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

- a. Participate in key grantee training activities as identified by CMS;
- b. Participate in the Connecting Kids to Coverage National Campaign outreach initiatives described in this NOFO;
- c. Participate in monthly conference calls with the CMS Project Officer. The Project Director for the grant is required to participate in these monthly calls.
- d. Submit, in a timely manner, semi-annual reports to include all required data elements using the progress reporting tool provided by CMS (see Section II(3) for a description of the required data reporting process);
- e. Submit, in a timely manner, monthly reports to include data on current and upcoming activities, number of applications submitted on behalf of the targeted populations, etc.
- f. Submit timely, accurate Federal Financial Status Reports (SF-425);
- g. Participate on conference calls, with CMS or its contractors, to provide updates on enrollment and renewal data, implementation status and other updates as needed;
- h. Work collaboratively with CMS to identify successful strategies and share information about cooperative agreement

- activities;
- i. Share best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS;
- j. Cooperate fully with the independent evaluation of the cooperative agreement program conducted by the CMS evaluator; and;
- k. Cooperate fully with CMS and all CMS contractors associated with this cooperative agreement.

6. EIN, DUNS, and SAM Regulations

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number; and be registered in the System for Award Management (SAM) database (<https://www.sam.gov/SAM/>) to be able to submit an application at grants.gov. See Appendix B for descriptions of EIN, DUNS, and SAM.

V. APPLICATION and SUBMISSION INFORMATION

1. Application Package

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

Application materials will be available at <http://www.grants.gov>. Please note that CMS requires applications for all announcements to be submitted electronically through the Grants.gov website. Applicants will be able to download a copy of the application packet, complete it off- line, and then upload and submit the application via the Grants.gov website. Refer to Appendix B for additional details.

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

Content and Format of Application

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

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

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program.

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

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

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

HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. In addition, recipients of FFA have specific legal

obligations for serving qualified individuals with disabilities by providing information in alternate formats.

Several sources of guidance provided below:

- <https://www.hhs.gov/ocr/index.html>
- <http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>
- <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>
- [HHSAR 352.270-1](#)
- <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>

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

Overview of Cooperative Agreement Application Structure and Content

Standard Forms

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

Project abstract summary

A one-page abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, the number of projected clinician participants, projected total cost of care savings, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application.

Personal identifying information should be excluded from the abstract. In the Grants Application Package that can be found at www.Grants.gov, select the Project Abstract Summary and complete the form.

SF-424: Official Application for Federal Assistance

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

- On Item 15 “Descriptive Title of Applicant’s Project”, state the specific cooperative agreement opportunity for which you are applying: Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements.

- Check “No” to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities.

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

- Project Site Location Form(s)

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

Project Narrative Requirement

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

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

Budget Narrative Requirement

For more information on completing the budget narrative, please see Appendix B, *Sample Budget and Narrative Justifications*. This Appendix provides detailed instructions and examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the goals of this funding opportunity announcement and that are consistent with HEALTHY

KIDS 2019 cooperative agreement requirements. Overhead and administrative costs must be reasonable.

Awardees must submit budget estimates for one in-person meeting, for up to two individuals, who directly work on the cooperative agreement to attend a two-day face-to-face meeting in the Baltimore area.

Detailed costs and breakdown for each SF-424A, Section B line items are as follows:

1. Personnel (itemized)
2. Fringe benefit costs
3. Travel and training cost
4. Equipment
5. Supplies
6. Contractual
7. Construction (unallowable)
8. Other
9. Indirect Cost
10. Totals

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

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

Business assessment of applicant organization (maximum 10 pages)

An applicant must review, answer, and submit the business assessment questions outlined in Appendix I.

Unique Entity Identifier and System for Award Management (SAM) – Required

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

- i. Be registered in SAM before submitting its application;
- ii. provide a valid unique entity identifier in its application; and
- iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

2. **Submission Dates and Times**

Applicants are **required** to submit a non-binding Letter of Intent to Apply (See Appendix F). CMS reserves the right to consider an applicant ineligible without a timely Letter of Intent (LOI). The Letter of Intent enables CMS to better plan for the application review process. Letters of Intent to Apply should be submitted by email to CMS at healthykids@grantreview.org by January 4, 2018 3:00 p.m. Eastern (Baltimore) time.

All grant applications must be submitted electronically through www.grants.gov and are due on January 28, 2019. Applications received through www.grants.gov until 3:00 p.m. EST on January 28, 2019, will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt.

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

3. **Intergovernmental Review**

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

4. **Cost Restrictions**

Indirect Costs

If applicant is requesting indirect costs, they are required to use current negotiated indirect cost rate. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 2 CFR Part 200 (Uniform Guidance) – States and Local Government and Indian Tribe Indirect Cost Proposals may elect to charge a de minimis rate of 10% of modified total direct costs, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 2 CFR Part 200, Direct and Indirect (F & A) Costs §§200.412 to 200.415 and Special Considerations for States, Local Governments and Indian Tribes, §§200.416 to 200.417 govern reimbursement of indirect costs under this solicitation.

If the recipient fails to provide a proposal, indirect costs paid in anticipation of establishment of a reate shall be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf> for more information.

Direct Costs

Grant funds may be used for any of the following:

- Personnel costs, which may include project support staff and contracts for collaboration
- Costs of data collection and transmission
- Travel costs as they pertain to the administration and conduct of the grant
- Training cost for program participants
- All travel, conference, and meeting expenses must be consistent with HHS guidelines, and may require additional CMS prior approval.

Prohibited Uses of Award Funds

No funds under this award may be used for any of the activities/costs outlined below unless an exception is specifically authorized by statute.

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To provide goods or services not allocable to the approved project.
- To supplant existing State, local, Tribal or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.
- To cover any pre-award costs.
- To fund staff retreats or promotional giveaways.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.

- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- To use as profit to any award recipient even if the award recipient is a commercial organization, (unallowable in accordance with 45 CFR 75.216(b)), except for grants awarded under the Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) programs (15 U.S.C. 638). Profit is any amount in excess of allowable direct and indirect costs.
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body

Direct Services

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

Mandatory Disclosure

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to:

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

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator

330 Independence Avenue, SW, Cohen Building

Room 5527

Washington, DC 20201

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

(Include “Mandatory Grant Disclosures” in subject line)

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

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Materials should also be scanned and emailed to the Grants Management Specialist assigned to this FOA

VI. APPLICATION REVIEW INFORMATION

1. Criteria

- Applicants must submit applications in the required format, no later than the deadline date. If an applicant does not submit all of the required documents and does not address each of the topics described in VI. Application Review Information the applicant risks not being eligible and/or awarded. Applications are reviewed in accordance with criteria outlined below.
- Review and Selection Process
 - Anticipated Mix of Federal and Non-Federal Review
- Federal Awardee Performance Integrity Information System (FAPIIS)
 - i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);
 - ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
 - iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant’s integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by Applicant as described in §75.205.

Review Criteria (150 points)

a. Project Narrative (75 points, total of i - iv below)

i. Description of Need (10 points)

Describe the target population and provide data on the number and/or rate of uninsured children, as well as estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, and other data as appropriate. Identify barriers to enrollment and retention of target population.¹⁰

ii. Statement of Project Goals (10 points)

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

All applications, enrollments, and renewals reported below should be directly attributable to this cooperative agreement. For example, if HEALTHY KIDS 2019 grantee is also a Navigator grant recipient, only enrollment and renewal data directly attributed to HEALTHY KIDS 2019 funding should be reported.

¹⁰ County-level uninsurance rates by state can be found at the State Health Access Data Assistance Center: <http://www.shadac.org/publications/2016-acr-tables-state-county-uninsured-rates-comparison-year-2015> Information on state uninsurance rates can be found at the Kaiser Family Foundation: <https://www.kff.org/other/state-icator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Information on state Medicaid and CHIP eligibility levels can be found at: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>

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

iii. Capacity to implement the project (20 points)

Describe the applicant’s capacity to implement the proposed project. Include information about the applicant’s level of knowledge about Medicaid and CHIP eligibility and enrollment procedures, past experience conducting health coverage outreach and enrollment activities, and capacity to engage target populations in your community. Information about the applicant’s experience conducting outreach and enrollment activities for other public benefit programs is also helpful. Describe the applicant’s readiness to implement the project if the proposal is successful, including the nature of, and period of time that will be devoted to, start-up activities.

If the applicant plans to use other partners, describe why each partner was selected, the partner’s compatibility with the goals of this grant opportunity and the partner’s credibility and former and current success with outreach to the targeted populations, and their readiness to implement.

iv. Outreach and Enrollment Plan (35 points)

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

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

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

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

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

Applicants are strongly encouraged to include evidence-based outreach and enrollment strategies, including, if applicable, the use of parent mentors (Please see Appendix B for more information on Parent Mentors).

b. Data Collection and Reporting Plan (20 points)

Describe how the required data will be collected and how you will verify the number of new Medicaid and CHIP enrollments and renewals resulting from your CKC funding (discussed in Section II(3)). Describe if you have used this collection and reporting plan in other efforts and why it has demonstrated success for your organization. If it is a new plan for your organization, describe why you chose this plan, what obstacles you may encounter and how you will address these obstacles. Also describe any non-required data/metrics the project will collect and report, why the data is useful, how it will be collected and reported and how it will be used.

Describe how you will ensure that you are only reporting data on applications, enrollments, and renewals that were completed by staff funded by this cooperative agreement. If staff are partly funded by this cooperative agreement or if you are using unpaid volunteers, describe how you will determine what percentage of their results will be attributable to this grant. Describe how you will ensure any data reported by sub grantees are accurate.

c. Work Plan and Timeline (15 points)

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

d. Budget and Budget Narrative (15 points)

Applicants must provide a budget with appropriate budget line items and a narrative that describes the funding needed to accomplish the goals of the

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

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

e. Evaluation (5 points)

Describe how the project will be monitored during the entire period of performance to ensure that the most effective strategies will be utilized, and how any obstacles that impact full obtainment of stated goals will be resolved. Discuss what data will be used to determine whether goals are being met and whether changes need to be made during the project to remain on course. Discuss how changes will be made, if necessary. Please note that grantees will be prohibited from using any grant funding, under this cooperative agreement, for contracted evaluation services. Grantees are expected to assess their progress, recognize any obstacles, and implement course corrections, within the assigned staff for this grant. In addition, CMS and its contractors will provide technical assistance, if needed, to assist grantees in reaching their grant goals.

f. Staffing Plan (20 points)

Describe how the project will be staffed, including the number of staff, their skills and credentials and how they will be recruited, retained and deployed. Include brief job descriptions for the Project Director and other positions paid under the cooperative agreement and a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the cooperative agreement activities. CMS expects the Project Director to devote 50 percent of his or her time to cooperative agreement activities.

Describe how the Project Director will develop and provide on the job training and will foster a team culture in order to promote collegiality and

collective achievement.¹¹

2. Review and Selection Process

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

a. Phase I:

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

b. Phase II:

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

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

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

c. Phase III:

A CMS review team will use the scores and comments from Phase II to

¹¹ Foster, Leslie and Frank Martin. How Can My Organization Connect Children to Coverage? A Guide to Fundamentals and Promising Practices. Accessed from: <https://www.insurekidsnow.gov/downloads/library/misc/outreach-and-enrollment-fundamentals.pdf>

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

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

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

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

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

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

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

3. Anticipated Award Date

The anticipated notice of award date is 06/01/2019.

VII. AWARD ADMINISTRATION INFORMATION

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

1. Federal Award Notices

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

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

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

2. Administrative and National Policy Requirements

A. National/Public Policy Requirements

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

Non-Discrimination

All awardees receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

- a. Title VI of the Civil Rights Act of 1964,
- b. Section 504 of the Rehabilitation Act of 1973,
- c. The Age Discrimination Act of 1975, and
- d. Title II, Subtitle A of the Americans with Disabilities Act of 1990.

Accessibility Provisions

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

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

Several sources of guidance are provided below:

1. <http://www.hhs.gov/civil-rights/for-providers/index.html>
2. <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>
3. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
4. <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>
5. [HHSAR 352.270-1](#)
6. <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>

Award recipients will be required to review and comply with the Accessibility Requirements outlined in Appendix H to this FOA.

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

B. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the Applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>], which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

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

Uniform Administrative Requirements

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

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

Cost Principles

CMS grant awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75 and commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2. As provided in the cost principles in 48 CFR subpart 31.2, allowable travel costs may not exceed those established by the Federal Travel Regulation (FTR).

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

Indirect Costs

HHS will reimburse indirect costs to recipients under an award if (1) allowable under the governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a federally approved indirect cost rate agreement covering the grant supported activities and period of performance or the non-federal entity has never received an indirect cost rate and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC).

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, may elect to charge a de minimis rate of 10% of MTDC which may be used indefinitely.

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

Cost Allocation

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

Public Assistance Cost Allocation Plans

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

Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F apply to each award recipient fiscal

year that begins on or after December 26, 2014. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

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

3. Terms and Conditions

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

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

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

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

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

This notice shall include the date on which the bankruptcy petition was filed, the

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

Intellectual Property

Recipients under this solicitation must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

The Federal Government has the right to:

- (1) Obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and
- (2) Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

4. Cooperative Agreement Terms and Conditions of Award

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

Cooperative Agreement Roles and Responsibilities are as follows:

Center for Medicare and Medicaid Services

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

- Technical Assistance – CMS will host opportunities for training and/or networking, including conference calls and other vehicles.
- Collaboration – To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, CMS will actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of

Homeland Security, the Administration for Children and Families, and the Social Security Administration.

- Program Evaluation – CMS will work with recipients to implement lessons learned.
- Project Officers and Monitoring – CMS will assign specific Project Officers to each Cooperative Agreement award to support and monitor recipients throughout the period of performance. CMS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will help determine compliance with programmatic and financial requirements.

Recipients

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

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

5. Reporting

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

Progress Reports

Awardees must agree to cooperate with any Federal evaluation of Connecting Kids to Coverage Outreach and Enrollment Grants and must provide semi-annual, and final (at the end of the cooperative agreement period) reports, as required, in

the form prescribed by HHS, as well as any additional reports as required. Reports will be submitted electronically. The first report is estimated to be due 1/30/2019.

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

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

The final progress report for awardees is estimated to be due in 2022, 90 days after the end of the project period. Final progress reports for future rounds of awardees will also be due within 90 days after the end of the project period.

Monthly Performance Reports

All awardees will be required to submit monthly performance reports that include the following information:

- Number of children for whom an application for health coverage has been submitted as a direct result of CKC funding
- Number of children verified to be newly enrolled in Medicaid or CHIP as a direct result of CKC funding
- Number of children for whom the grantee submitted a renewal form
- Number of children verified to be renewed in Medicaid or CHIP as a direct result of CKC funding
- Number of parents for whom an application for health coverage has been submitted as a direct result of CKC funding (if applicable)
- Number of parents verified to be newly enrolled in Medicaid as a direct result of CKC funding (if applicable)
- Number of parents for whom the grantee submitted a renewal form (if applicable)
- Number of parents verified to be renewed in Medicaid as a direct result of CKC funding (if applicable)
- The outreach and enrollment activities completed during the month

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

Federal Financial Report (FFR)

Quarterly Cash Transaction Financial Reporting

Recipient must report, on a quarterly basis, cash transaction data via the Payment Management System (PMS) using the Federal Financial Report (SF-425 or FFR) form. The FFR combines the information that grant recipients previously provided using two forms: the Federal Cash Transactions Report (PSC-272) and the Financial Status Report (SF-269). Cash transactions data is reflected through completion of lines 10a-10c on the FFR. Recipient must include information on indirect costs if approved as part of grant award. The quarterly FFR is due within (30) days after the end of each quarter.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually. Frequency of expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. This information is reflected through completion of lines 10d through 10o of the FFR. Recipient must include information on indirect costs if approved as part of grant award

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

Federal Funding Accountability and Transparency Act Reporting Requirements

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

Audit Requirements

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

Payment Management System Reporting Requirements

Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Grantees may then access their funds by using the PMS funds request process. Recipients must submit a quarterly SF-425 via PMS. The report identifies cash transactions against the authorized funds for the award. Failure to submit the report may result in the ability to access funds.

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

VIII. AGENCY CONTACTS

1. Programmatic Content

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

2. Administrative Questions

Administrative questions about the HEALTHY KIDS 2019 Outreach and Enrollment Cooperative Agreements may be directed to:
healthykids@grantreview.org.

CMS will hold one potential applicant teleconference to provide an opportunity to ask questions about this announcement.

This teleconference is scheduled as follows:

Wednesday, December 19th
Conference Call Time: 2:00 PM - 3:30 PM ET
Dial-in Number: 1-877-271-1828
Password: 79298811

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

Please note - If clicking on any of the links in this announcement does not work,

please cut and paste the web address directly into your browser and try again. If you still are having a problem after this step please contact us at healthykids@grantreview.org.

IX. APPENDICES

APPENDIX A: Outreach Activities to Consider

- 1. School-Based Outreach: Engaging schools in outreach, enrollment and retention activities.** Schools are widely accepted as an important setting for conducting children's health coverage outreach and enrollment activities. Proposals may include efforts to develop and enhance systems to facilitate the identification of potentially eligible children (for example, through free and reduced-price school meals programs, data on emergency contact cards, or school registration cards) and offer families enrollment assistance. Proposals also may include efforts to engage principals, school athletic directors and coaches, school nurses, school-based health clinics, and school social workers and counselors in outreach and enrollment activities. Efforts may also reach out to assist eligible parents in obtaining health coverage, given that research shows that covering parents helps to enroll eligible children and makes it more likely that they will get needed preventive care.
- 2. Bridging Health Coverage Disparities: Reaching out to subgroups of children that exhibit lower than average health coverage rates.** Proposals may include efforts to target particular subgroups of children for whom data show persistent disparities in health insurance coverage. Such groups may include Latino children, American Indian/Alaska Native children, children older than age 13, children living in rural areas, or other subgroups, defined by the applicant and for which the need for specialized outreach and enrollment help is supported by available data. Activities may seek to address and mitigate language and literacy challenges, concerns about immigration status, health issues or other matters associated with a particular age group or population. Proposals should show how culturally competent or age-appropriate outreach approaches will be emphasized and may highlight specific partnerships with the education, faith, health provider, business or other communities that are aimed at enhancing enrollment and retention of the target population.
- 3. Application Assistance: Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local communities.** Substantial efforts to simplify Medicaid and CHIP eligibility rules and enrollment procedures have helped to boost the enrollment of eligible children and adults in Medicaid and CHIP. The broad use of online applications and verification systems that preclude the need for applicants and beneficiaries to submit paper documentation are expected to remove even more barriers. Yet, even though the application process has been greatly simplified, many families still need help navigating the process and there still is a need for direct application assistance, either in-person or through other channels, especially for individuals who face language and literacy challenges or who need help that is accessible to people with disabilities. Ensuring that consumers have help from trusted sources will increase their confidence and make it more likely that they will apply for coverage easily and successfully. Connecting Kids to Coverage funding can be used to create application assistance resources or networks of application assistance centers within community-based organizations, community action

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

APPENDIX B: Using Parents of Medicaid or CHIP-enrolled Children as Mentors to Parents of Uninsured Children

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

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

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

Parent mentors have been shown to be an effective strategy for enrolling and retaining children in Medicaid and CHIP. A randomized control trial evaluating the use of parent mentors found that parent mentors were more effective than traditional methods in insuring children, achieving faster coverage, and coverage renewal.¹² In addition, children whose parents had parent mentors were less likely to have no primary care provider, problems getting specialty care, and unmet preventative or dental care needs.

As noted in Section VI Application Review Criteria 1.a.iv., applicants are encouraged to include evidenced-based outreach and enrollment strategies in their applications. Given the research supporting the use of parent mentors as a means of enrolling and retaining children in Medicaid or CHIP, entities already using parent mentors and entities interested in developing a new parent mentor program are encouraged to apply. Please note, however, organizations that use parent mentors that apply for this cooperative agreement must use an evidence-based approach that includes these key elements:

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

¹² Flores G., Lin H., Walker C, et al. Parent Mentors and Insuring Uninsured Children: A Randomized Controlled Trial. *Pediatrics*. 2016; 137(4): e 0153519.

Flores G., Lin H., Walker C, et al. Parent Mentoring Program Increases Coverage Rates for Uninsured Latino Children. *Health Affairs*. 2018; 37(3); 403–412.

APPENDIX C: Guidance for Preparing a Budget Request and Narrative

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

Standard Form SF-424A

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

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

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter “Health Kids 2019” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the project period. Notice of Funding Opportunities with a 5-year project period will need to also utilize a second SF-424A form.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (2) = (If applicable) Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be

reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).

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

Budget Narrative – Sample Narrative and Instructions

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants must request funding only for activities not already funded/supported by a previous award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, Applicant should distinguish between activities that will be funded under this application and activities funded with other sources. Other funding sources include other HHS grant programs, and other federal funding sources as applicable. A sample Budget Narrative is included below.

A. (Personnel) Salaries and Wages

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

Sample Budget

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

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

Sample Justification

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

Job Description: Project Coordinator - (Name)

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

B. Fringe Benefits

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

Sample Budget

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

Fringe Benefit	Rate	Salary Requested	Amount Requested
FICA	7.65%	\$45,000	\$3443
Worker's Compensation	2.5%	\$14,250	\$356
Insurance	Flat rate - \$2,000 (100% FTE for 12 months)	\$2,000	\$2,000

Fringe Benefit	Rate	Salary Requested	Amount Requested
Retirement	5%	\$27,000	\$1,350
Total			\$7,149

C. Travel

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

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

Sample Budget

Travel Total \$ _____
 Grant \$ _____
 Funding other than Grant \$ _____
 Sources of Funding _____

Purpose of Travel	Location	Item	Rate	Cost
Site Visits	Neighboring areas of XXX	Mileage	\$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	\$668
Training (ABC)	Chicago, IL	Airfare	\$200/flight x 2 persons	\$400

Purpose of Travel	Location	Item	Rate	Cost
		Luggage Fees	\$50/flight x 2 persons	\$100
		Hotel	\$140/night x 2 persons x 3 nights	\$840
		Per Diem (meals)	\$49/day x 2 persons x 4 days	\$392
		Transportation (to and from airport)	\$50/shuttle x 2 persons x 2 shuttles	\$200
		Transportation (to and from hotel)	\$25/shuttle x 2 persons x 2 shuttles	\$100
Total				\$2,700

Sample Justification

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

D. Equipment

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as supplies, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item. For example: serial # and physical location of equipment (e.g. laptops, tablets, etc.).

Provide justification for the use of each item and relate it to specific program objectives.

Maintenance or rental fees for equipment should be shown in the “Other” category. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount.

Sample Budget

Equipment Total \$ _____
 Grant \$ _____
 Funding Other than Grant \$ _____
 Sources of Funding _____

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

Sample Justification

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

E. Supplies

Supplies includes all tangible personal property with an acquisition cost of less than \$5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies Total \$ _____
 Grant \$ _____
 Funding Other than Grant \$ _____
 Sources of Funding _____

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

Sample Justification

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

F. Consultant/Subrecipient/Contractual Costs

All consultant/subrecipient/contractual costs should include complete descriptions and cost breakdowns – for each consultant, subrecipient or contract. The following information, outlined below, should be provided for each consultant, sub-award (subrecipient) or contract.

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

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

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.

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

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the Budget Narrative, a summary should be provided of the proposed consultants, the work to be completed, and amounts for each. Recipient must not incur costs for consultant activities until the aforementioned information is provided for each consultant and CMS approval obtained.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The costs of project activities to be undertaken by a third-party subrecipient should be included in this category. Please see 45 CFR Part 75.351, *Subrecipient and contractor determinations*. Applicants must submit information on the (a) Statement of Work; (b) Period of Performance; and (c) Itemized Budget and Justification. If this information is unknown at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the Budget Narrative, a summary should be provided of the proposed sub-awards (subrecipients), the work to be completed, and amounts for each. Recipient must not incur costs for subrecipient activities until the aforementioned information is provided for each subrecipient and CMS approval obtained.

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

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

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

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

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the Budget Narrative, a summary should be provided of the proposed contracts, the work to be completed, and amounts for each. Recipient must not incur costs for contractual activities until the aforementioned information is provided for each contract and CMS approval obtained.

G. Construction (not applicable)

H. Other

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

Sample Budget

Other Total \$ _____
 Grant \$ _____
 Funding Other than Grant \$ _____
 Sources of Funding _____

Item(s)	Rate	Cost
Telephone	\$45 per month x 3 employees x 12 months	\$1,620
Postage	\$250 per quarter x 4 quarters	\$1,000
Printing	\$0.50 x 3,000 copies	\$1,500
Equipment Rental *specify item	\$1,000 per day for 3 days	\$3,000
Internet Provider Service	\$20 per month x 3 employees x 12 months	\$720

Item(s)	Rate	Cost
Word Processing Software (specify type)	1 @ \$400	\$400
Total:		\$8,240

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

Sample Justification

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

I. Total Direct Costs \$ _____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR §75.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

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

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

Total \$ _____ x ____% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

These costs should be outlined in the “other” costs category and fully described and itemized as other direct costs.

APPENDIX D: Application and Submission Information

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

EIN, DUNS, AND SAM REQUIREMENTS (ALL APPLICATIONS)

Employer Identification Number

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

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

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit number that uniquely identifies business entities. To obtain a DUNS number access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in block 8c (on Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the 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. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. The SAM registration process is a separate process from submitting an application. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**

SAM registration process is a separate process from submitting an application. Applicants are encouraged to register early, and must provide their DUNS and EIN/TIN numbers in order to do so. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**

Each year organizations and entities registered to apply for Federal grants through Grants.gov (or GrantSolutions as applicable) must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award.**

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

Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). The Grants Management Specialist assigned to monitor the sub-award and executive compensation reporting requirements is Iris Grady, who can be reached at divisionofgrantsmanagement@cms.hhs.gov.

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

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

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.
- 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. **Applications not submitted by the due date and time are considered late and will not be reviewed.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines. Applications that are not submitted by the due date and time as a result of AOR issues will not be reviewed.**

- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename.** Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. **All documents that do not conform to the above specifications will be excluded from the application materials during the review process.** Please also refer to the Content and Format of Application in Section V.
- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be reviewed.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

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

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00 p.m. Eastern Standard or Daylight Time (Baltimore, MD) for the applicable deadline date. Please refer to the Executive Summary for submission date.

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

Please be aware of the following:

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

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

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

Application Materials and Instructions to Apply via Grantsolutions (Single Source or Other Non-Competitive Applications)

Application materials will be available for download at www.grantsolutions.gov. Applicants can download a copy of the application packet, complete it off-line, and then upload and submit the application via the www.grantsolutions.gov website.

Specific instructions for applications submitted via www.grantsolutions.gov:

- The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with www.grantsolutions.gov for a username and password. Log into GrantSolutions with your username and password.
- Click on the *Begin an Application* link to locate the Announcement (within the *My Applications List* screen).
- The *Competing Announcements – Application Kits* screen will appear. Locate the Announcement title on either the cover page or Executive Summary of this FOA.
- Click on the link provided in the applicable announcement title to view details about the selected announcement. Click on the Apply link at the right to begin the application.
- The GrantSolutions Application Control Checklist screen will appear with the status Work in Progress.

The checklist screen contains the following information

- Status: The stage of the application. Statuses include Work in Progress and

Submitted

- Print Application – Original Submission: Click the Original Submission link to view, print, or save a PDF of the entire application package (completed forms, attachments, etc.)
- Applicant, Applicant Number, and Project Information: Read-only information about the applicant and project
- Applicant Kit: Includes online forms, enclosures, attachments, and form statuses
- Verify Submission: Submit Application
- Close: Return to previous screen
- Applicant must review and comply with all requirements contained in the Funding Opportunity Announcement – included under header *Grant Announcement*.
- Applicant should review the following document included under the header *Information for the Applicant: Quick Sheet: How to Apply*. This document contains detailed instructions on the completion and submission of the application directly to <https://home.grantsolutions.gov/home/>
- Applicant must complete the following online forms:
 - SF-424 Application for Federal Assistance
 - SF-424A Budget Information – Non-Construction
 - SF-424B- Assurances – Non-Construction
 - SF-LLL Disclosure of Lobbying Activities
 - Project Site Location Form

To electronically complete a form in GrantSolutions, click the Enter Online link for the desired form (i.e. SF-424A). Specific directions for completion of the online forms are included in the document, **Quick Sheet: How to Apply**.

- Applicant must create the following documents and upload them under the header, *Additional Information to be Submitted*:
 - Project Abstract
 - Project Narrative
 - Budget Narrative
 - Business Assessment of Applicant Organization
 - Indirect Cost Rate Agreement (as applicable)
 - Other (as applicable)

Specific instructions for upload of these narratives are included in the document, Quick Sheet:

How to Apply.

- **Any files uploaded or attached to the application must be PDF file format and must contain a valid file format extension in the filename.** Any file submitted 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 www.grantsolutions.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.
- Once all necessary forms are completed, attachments are uploaded, and there is one or more check marks in the Status column, scroll to the bottom of the screen and click the Verify Submission button. Review the page to ensure all online forms are listed. Click Final Submission. Applicant will be prompted to verify the application should be submitted. Once the application is submitted, the status of the application is updated and CMS will receive email notification that an application has been submitted.

An application must be received via www.grantsolutions.gov. An application submitted through other means will not be accepted. The deadline date to apply is listed in the cover page and Executive Summary of this FOA.

APPENDIX E: Application Check-Off List Required Contents

Required Contents

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

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

Section V, *Application Information*

Appendix C, *Application and Submission Information*

Appendix B, *Sample Budget and Narrative Justifications*

Standard Forms

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

Narrative Documents

- Project Narrative
- Budget Narrative
- Business Assessment of Applicant Organization

APPENDIX F: Definitions of Frequently Used Terms

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

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

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

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

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

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

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

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

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

Federal health safety net organization is:

1. A federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. Section 1396d(l)(2)(B)]); a hospital defined as a disproportionate share hospital for purposes of section 1923 of the Social Security Act [42 U.S.C. Section 1396r-4];

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

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

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

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

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

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

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

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

1. Located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
2. Organized through school, community, and health provider relationships;
3. Administered by a sponsoring facility;
4. Provides through health professionals primary health services to children in

- accordance with State and local law, including laws relating to licensure and certification; and
5. Satisfies such other requirements as a State may establish for the operation of such a clinic.

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

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

Separate child health program - means a program under which a State receives Federal funding from its title XXI allotment to provide child health assistance through obtaining coverage that meets the requirements of Section 2103 of the Act and 42 C.F.R. §457.402.

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

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

APPENDIX G: Letter of Intent to Apply

Please complete by 01/04/2019 and e-mail to healthykids@grantreview.org with a Letter of Intent to Apply in the subject line and the following items in the body of the email:

1. Name of State:
2. Applicant Agency/Organization:
3. Contact Name and Title:
4. Address:
5. Phone:
6. Fax:
7. E-mail address:

APPENDIX H: 504 Compliance

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

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

Accessibility Requirements:

1. **Public Notification:** If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: <http://www.medicare.gov/aboutus/nondiscrimination/nondiscrimination-notice.html>. Your notice shall be crafted applicable to your program.
2. **Processing Requests Made by Individuals with Disabilities:**
 - a. **Documents:**
 - i. When receiving a request for information in an alternate format (e.g., Braille, large print, etc.) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.
 3. Establish a mechanism to provide the request.
 - ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Alternate Format Document Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be put into an accessible format shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information

directly to the requester.

- iii. The Grantee shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
- b. Services
- i. When receiving request for an accessibility service (e.g., sign language interpreter) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.
 3. Establish a mechanism to provide the request.
 - ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information) to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
 2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.
 - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail.
 - g. CMS will respond to the request and respond directly to the requester.
 - iii. The Grantee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):
- a. Documents:
 - i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.

3. Establish a mechanism to provide the request as applicable.
- ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Alternate Language Document Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be translated shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.
 - iii. The Grantee shall maintain record of all alternate language requests received including the requestor’s name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
- b. Services
 - i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.
 3. Establish a mechanism to provide the request as applicable.
 - ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Accessible Service Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

- f. Any applicable documents shall be attached to the e-mail.
 - g. CMS will respond to the request and respond directly to the requester.
- iii. The Grantee shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

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

APPENDIX I: Business Assessment of Applicant Organization

An applicant must review and answer the business assessment questions outlined below. There are ten (10) topic areas labeled A-J, with a varying number of questions within each topic area. Applicant MUST provide an answer to each question. Moreover, the applicant should refrain from solely answering “yes” or “no” to each question or solely providing web site address(es) – i.e., a brief, substantive answer should be given for almost all questions (referring to sections of official agency policy is acceptable. If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant may not be selected for award.

A. General Information

1. Does the organization have a Board of Directors with specific functions and responsibilities (by-laws)?
2. Are minutes of the Board of Directors’ meetings maintained?
3. Is there an organizational chart or similar document establishing clear lines of responsibility and authority?
4. Are duties for key employees of the organization defined?
5. Does the organization have grants or cost-reimbursement contracts with other U.S. Department of Health and Human Services components or other Federal agencies?
6. Have any aspects of the organization's activities been audited recently by a Government agency or independent public accountant?
7. Has the organization obtained fidelity bond coverage for responsible officials and employees of the organization?
8. Has the organization obtained fidelity bond insurance in amounts required by statute or organization policy?

B. Accounting System

1. Is there a chart of accounts?
2. Is a double-entry accounting system used?
3. Does the organization maintain the basic books of account as applicable?
 - a. General ledger
 - b. Operating ledger
 - c. Project (Job) cost ledger
 - d. Cash receipts journal
 - e. Cash disbursement journal
 - f. Payroll journal
 - g. Income (sales) journal
 - h. Purchase journal
 - i. General journal
4. Does the accounting system adequately identify receipt and disbursement for each grant (or contract)?
5. Does the accounting system provide for the recording of expenditures for each program by required budget cost categories?

6. Does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program)?
7. Does the organization prepare financial statements at least annually? If not, how often?
8. Have the financial statements been audited within the past 2 years by an independent public accountant?
9. Does the organization have a bookkeeper or accountant? If no, who is in charge of the accounting section?
10. Is there an accounting instruction manual?

C. Budgetary Controls

1. Does the organization use an operating budget to control project funds?
2. Are persons in the organization who approve budget amendments authorized to do so by the Agency of Directors or top management?
3. Are there budgetary controls in effect to preclude incurring obligations in excess of:
 - a. Total funds available for an award?
 - b. Total funds available for a budget cost category?
4. Are cash requirements and/or drawdowns limited to immediate need?

D. Personnel

1. Are personnel policies established in writing or in the process of preparation which detail at a minimum:
 - a. Duties and responsibilities of each employee's position?
 - b. Qualifications for each position?
 - c. Salary ranges associated with each job?
 - d. Promotion Plan?
 - e. Equal Employment Opportunity?
 - f. Annual performance appraisals?
 - g. Types and levels of fringe benefits paid to professionals, nonprofessionals, officers, or governing Agency members?
2. Is employee compensation reasonable and comparable to that paid for similar work in the competitive labor market?
3. Are salary comparability surveys conducted? How often?
4. Are salaries of personnel assigned to Government projects about the same as before assignment? Identify reasons for significant increases.
5. Does the organization maintain a payroll distribution system which meets the required standards as contained in the applicable cost principles for that organization?
6. Does the organization maintain daily attendance records for hourly employees? Does this show actual time employees sign in and out?
7. Does the payroll distribution system account for the total effort (100%) for which the employee is compensated by the organization?
8. Who signs and certifies work performed in items 5, 6, and 7 above?
9. Where duties require employees to spend considerable time away from their offices, are reports prepared for their supervisors disclosing their outside activities?

E. Payroll

1. Does preparation of the payroll require more than one employee?
2. Are the duties of those individuals preparing the payroll related?
3. Are the names of employees hired reported in writing by the personnel office to the payroll department?
4. Are the names of employees terminated reported in writing by the personnel office to the payroll department?
5. Is the payroll verified at regular intervals against the personnel records?
6. Are all salaries and wage rates authorized and approved in writing by a designated official or supervisor?
7. Are vacation and sick leave payments similarly authorized and approved?
8. Is there verification against payments for vacation, sick leave, etc., in excess of amounts approved and/or authorized?
9. Is the payroll double-checked as to:
 - a. Hours?
 - b. Rates?
 - c. Deductions?
 - d. Extensions, etc.?
10. Are signed authorizations on file for all deductions being made from employees' salaries and wages?
11. Is the payroll signed prior to payment by the employee preparing the payroll? The employee checking the payroll?
12. Are salary payrolls approved by an authorized official prior to payment?
13. Are employees paid by check or direct deposit? If no, how are they paid?
14. If paid by check, are the checks pre-numbered?
15. Are checks drawn and signed by employees who do not:
 - a. Prepare the payroll?
 - b. Have custody of cash funds?
 - c. Maintain accounting records?
16. Are payroll checks distributed to employees by someone other than the supervisor?
17. Is there a payroll bank account? If no, will one be opened if recipient is selected for award?
18. Is the payroll bank account reconciled by someone other than payroll staff or personnel who sign and distribute the pay checks?

F. Consultants

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail at a minimum:
 - a. Circumstances under which consultants may be used?
 - b. Consideration of in-house capabilities to accomplish services before contracting for them?
 - c. Requirement for solicitation or bids from several contract sources to establish reasonableness of cost and quality of services to be provided?
 - d. Consulting rates, per diem, etc.?

2. Are consultants required to sign consulting agreements outlining services to be rendered, duration of engagement, reporting requirements, and pay rates?

G. Property Management

1. Are records maintained which provide a description of the items purchased, the acquisition cost, and the location?
2. Are detailed property and equipment records periodically balanced to the general ledger?
3. Are detailed property and equipment records periodically checked by physical inventory?
4. Are there written procedures governing the disposition of property and equipment?
5. Are periodic reports prepared showing obsolete equipment, equipment needing repair, or equipment no longer useful to the organization?
6. Does the organization have adequate insurance to protect the Federal interest in equipment and real property?

H. Purchases

1. Does the organization have written purchasing procedures? If not, briefly describe how purchasing activities are handled.
2. Does the purchasing policy/procedure consider such matters as quality, cost, delivery, competition, source selection, etc.?
3. Has the responsibility for purchasing been assigned to one department, section, or individual within the organization? If not, explain.
4. Is the purchasing function separate from accounting and receiving?
5. Are competitive bids obtained for items such as rentals or service agreements over certain amounts?
6. Are purchase orders required for purchasing all equipment and services?
7. Is control maintained over items or dollar amounts requiring the contracting or grants management officer's advance approval? Describe controlling factors.
8. Is the accounting department notified promptly of purchased goods returned to vendors?
9. Is there an adequate system for the recording and checking of partial deliveries and checking deliveries against purchase orders?
10. When only a partial order is received, is the project account credited for the undelivered portion of the purchase order?
11. Are the vendor invoices checked for:
 - a. Prices and credit terms?
 - b. Extensions?
 - c. Errors and omissions?
 - d. Freight charges and disallowances?
12. Are vouchers, supporting documents, expenses, or other distributions reviewed and cleared by designated staff before payment is authorized?

I. Travel

1. Does the organization have formal travel policies or consistently followed procedures

which, at a minimum, state that:

- a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates?
- b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred?
- c. Per Diem rates include reasonable dollar limitations? Subsistence and lodging rates are comparable to current Federal per diem and mileage rates?
- d. Commercial transportation costs are incurred at coach fares unless adequately justified? Travel requests are approved prior to actual travel?
- e. Travel expense reports show purpose of trip?

J. Internal Controls

1. Is there a separation of responsibility in the receipt, payment, and recording of cash?
 - a. For example: Are the duties of the record keeper or bookkeeper separated from any cash functions such as the receipt or payment of cash?
 - b. Or, is the signing of checks limited to those designated officials whose duties exclude posting and/or recording cash received, approving vouchers for payment, and payroll preparation?
2. Are all checks approved by an authorized official before they are signed?
3. Are all accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, vendor payments)?
4. Does the organization have an internal auditor or internal audit staff?
5. Is there a petty cash fund where responsibility is vested in one individual; limited to a reasonable amount; restricted as to purchase; and counted, verified, and balanced by an independent employee at time of reimbursement?
6. Are all checks pre-numbered and accounted for when general purpose bank account is reconciled?
7. If a mechanical or facsimile signature is used for cash disbursements, is the signature plate, die, key, electronic card, etc., under strict control?
8. Are bank accounts reconciled by persons not handling cash in the organization?

Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

APPENDIX J: Review and Selection Process

The review and selection process will include the following:

- i. Applications will be screened to determine eligibility for further review using the criteria detailed in Section C. Eligibility Information, and Section D. Application and Submission Information (with cross-reference to Appendix B), of this FOA. Applications that are received late or fail to meet the eligibility requirements as detailed in this FOA or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in her or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.
- ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.
- iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood that the proposed project will result in the benefits expected.
- iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205)
 - a. Financial stability;
 - b. Quality of management systems and ability to meet the management standards prescribed;
 - c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);
 - d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and
 - e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.
- v. HHS reserves the right to conduct pre-award Negotiations with potential awardees.