

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

**Limited Competition for Affordable Care Act
Consumer Assistance Program Grants**

Initial Announcement

Funding Opportunity Number: CA-CAP-12-001

CFDA: 93.519

Date: April 20, 2012

Applicable Dates:

Electronic Grant Application Due Date: May 21, 2012 by 4:00 p.m. Eastern Daylight Time

Anticipated Notice of Award: June 20, 2012

Grant Period of Performance/Budget Period: June 20, 2012 – June 19, 2013

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight

Funding Opportunity Title: Limited Competition for Affordable Care Act Consumer Assistance Program Grants

Announcement Type: Initial

Funding Opportunity Number: CA-CAP-12-001

Catalog of Federal Domestic Assistance (CFDA) Number: 93.519

Key Dates:

Date of Issue: April 20, 2012

Application due date: May 21, 2012

Anticipated Notice of Award: June 20, 2012

Period of Performance: 12 months

Pre-Application Conference Call: Thursday, April 26, 2012 at 4:00 p.m. EDT. The toll-free teleconference phone number will be (877) 267-1577, pass code: 6285

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

This limited competition funding opportunity announcement has been developed to enable eligible grantees to expand their Consumer Assistance Program by performing duties authorized under Section 2793 of the Public Health Service (PHS) Act.

2. Authority

Section 1002 of the ACA added section 2793 of the PHS Act, which provides for federal grants to States to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs.

3. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act (ACA) includes a wide variety of provisions designed to promote

accountability, affordability, quality, and accessibility in the health care system. The Affordable Care Act also includes significant grant funding for States to work with the Federal government to implement health reform.

Section 1002 of the ACA added section 2793 of the PHS Act, which provides for federal grants to States¹ to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs. Section 2793 of the PHS Act requires that, as a condition of receiving grant funds, consumer assistance or ombudsman programs must: assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, and educate consumers on their rights and responsibilities with respect to group health plan and health insurance coverage. In addition, these programs must collect data on consumer inquiries and complaints to help the Secretary identify problems in the marketplace and strengthen enforcement. Starting in 2014, programs must also help resolve problems with obtaining premium tax credits for coverage through a State Exchange established under section 1311 of the ACA, and receive referrals from entities that serve as navigators for enrollees with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.

As health reform is implemented consumers will need to understand new programs, avail themselves of new protections, and navigate the system to find the most affordable coverage that meets their needs. The U.S. Department of Health and Human Services (HHS) interprets the statutory requirement to include providing assistance to uninsured individuals to obtain group health plan or health insurance coverage, and, if appropriate, referring them to other sources of coverage such as Medicaid, CHIP, or the Pre-existing Condition Insurance Plan. For data collection activities, programs collect data on a range of consumer inquiries related to private coverage. In addition, programs collect data on the types of problems and inquiries encountered by consumers relating to public coverage, State high-risk pools, and the Pre-existing Condition Insurance Plan (PCIP).

The ACA requires consumer assistance or ombudsman programs to report data to the Secretary of HHS in order to strengthen oversight. Programs report on the types of problems and questions consumers experience with health coverage, and how these are resolved. Reports help identify patterns of problems and noncompliance as well as best practices. HHS will share data reports with the U.S. Departments of Labor and Treasury, and with State regulators. Within HHS, reports can also provide the Center for Consumer Information and Insurance Oversight (CCIIO)

¹ For the Consumer Assistance Program grants established by section 2793 of the PHS Act, as added by Section 1002 of the ACA, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands are included in the definition of "state."

with information about the effectiveness of State enforcement, and can help it identify opportunities to provide technical assistance and support to State insurance regulators.

In the ACA, Congress appropriated \$30 million in FY 2010 to carry out Section 2793 of the PHS Act, which establishes health insurance consumer assistance programs. HHS obligated \$29 million for States; \$1 million was reserved to cover administrative costs for FY 2011 to assist States with carrying out consumer assistance activities. Some grantees that were awarded grants in October 2010 returned unused funds to HHS. As a result, \$2,559,356 of the \$30 million appropriation will be available to make additional awards under this program. To award these remaining monies, HHS will offer new grants to existing grantees (see definition of “existing grantees” in Section III.1, *Eligible Applicants*).

The funds available through this announcement are significantly less than the \$29 million originally awarded to States in October 2010. As a result, only existing Consumer Assistance Program grantees are eligible to apply for this limited competition grant. Providing fewer grants, thereby maximizing the amount of individual awards, will ensure that available funds are utilized effectively by leveraging the progress made by existing grantees.

In order to receive a grant, applicants must propose a plan to use grant funds to enhance their Consumer Assistance Program by performing the activities authorized under section 2793 of the PHS Act.

The Consumer Support Group in CCIIO will continue to provide significant support services for grantees, including data reporting software and technical support, trainings, resource and training materials, and assistance on casework as it relates to questions arising from Federal law.

Consumer Assistance Program (CAP) Grants in 2010

The Affordable Care Act (ACA) – Consumer Assistance Program Grants Funding Opportunity Announcement (FOA) was released on July 22, 2010, with the first grant awards made on October 15, 2010 to thirty-five States, the District of Columbia, and four territories. Consumer Assistance Programs have helped millions of Americans in the first grant cycle. Many of these were insured Americans who had problems or questions about their coverage – for example, those who needed help filing appeals of claims denials. CAPs also helped people find coverage options and enroll into coverage.

4. Program Requirements

The primary goal of the Consumer Assistance Program grants under this FOA is to provide awards to existing grantees for the expansion of their Consumer Assistance Program. Successful applicants are required to demonstrate that they will use grant funds to expand capacity in their

programs. As described in section 2793 of the PHS Act, States are authorized to use grant funds to support the following activities:

- Assist with the filing of complaints and appeals, including filing appeals on the consumer's behalf, and providing information about the internal and external appeal process;
- Collect, track, and quantify problems and inquiries encountered by consumers;
- Educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage including their right to internal and external appeals;
- Assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and
- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

This solicitation provides detailed information on the grant requirements related to these activities and instructions for application submission.

II. AWARD INFORMATION

1. Total Funding

HHS will award up to \$2,559,356 to eligible existing grantees under the Consumer Assistance Program.

2. Award Amount

Each existing grantee is eligible for only one grant award. All existing grantees, 38 in total, can each apply for a maximum award amount of \$127,967. No more than 20 grants of up to \$127,967 each will be awarded. Grant award amounts may be less than \$127,967 depending on the allowability of costs requested and/or if less than the maximum amount is requested. HHS recognizes that the amount of funds available under this grant opportunity is significantly less than in 2010, and as such, proposed project activities should accurately reflect this difference in funding.

3. Anticipated Award Date

The anticipated award date is June 20, 2012.

4. Period of Performance

The anticipated period of performance is June 20, 2012 – June 19, 2013.

5. Milestones and Funding

The grantee's ability to drawdown funds will be dependent on HHS' acceptance of the required quarterly Federal Financial Reports (FFR), the grantee's performance toward specified milestones, and compliance with the terms and conditions provided with the Notice of Award (NoA) for the 2010 Consumer Assistance Program award as well as any supplemental award.

6. Number of Awards

No more than 20 grants will be awarded. All awards that are issued under this announcement are subject to the availability of funds. In the absence of funding, HHS is under no obligation to make awards under this announcement.

7. Type of Award

These awards will be issued and structured as grants.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

For the purposes of this FOA, an existing grantee means the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and 33 states, to include Arkansas, California, Connecticut, Delaware, Georgia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, and West Virginia.

Existing Consumer Assistance Program grantees are eligible to apply so long as they are not delinquent on their quarterly FFR at the time of application through the award date.

Recipients may contract or enter into agreements with one or more non-profit organizations (working as a consortium) to complete the required activities as described in this FOA. While these non-profit organizations are not states as defined by section 2793 of the PHS Act, as added by Section 1002 of the ACA, they must meet all other eligibility requirements.

Criteria in the review process will include a proven track record of consumer assistance and expertise in consumer education and problem resolution. Applicants should provide assurance

regarding the independence of the proposed program, and of the ability of the program to advocate on behalf of consumers and report objective data to the Secretary. Applicants must also demonstrate that potential designees (to include an existing grantee and any non-profit or non-profits contracting with that existing grantee) will meet other program performance and reporting requirements. In the event that the applicant is not able to perform (for example due to a prohibition in State law) one of the consumer assistance activities authorized under section 2793 of the PHS Act, the applicant should provide a description of alternative plans to ensure that consumers receive that identified service. For example, if due to prohibition under State law an applicant cannot file appeals on behalf of consumers, an applicant is not automatically disqualified from applying under this FOA so long as alternative plans are presented on how the State agency will meet the statutory requirement to assist consumers with filing appeals (i.e. State agency may contract out this specific activity to a non-profit entity).

Each existing grantee is eligible for only one grant award.

States must address each of the following topics in their application:

Independence

States must demonstrate that designees:

- can advocate freely and vigorously on behalf of consumers. With respect to the specific program requirement to file appeals on behalf of consumers, applications from governmental agencies that may adjudicate appeals must demonstrate how this function will be carried out independent of conflicts.
- are capable of reporting objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage.

Coordination

States must demonstrate capability of designees to coordinate closely with State insurance regulators and consumer assistance organizations, and are encouraged to demonstrate the ability to coordinate with State Medicaid programs.

Expertise

States must demonstrate that their designees are equipped to carry out the mandated duties. They must demonstrate that they will have the staff and expertise to provide information to consumers on Federal, State and local rights and duties, assist consumers with enrollment into coverage, and assist with the filing of appeals.

Eligible programs must be able to provide assistance that is culturally and linguistically appropriate. Please refer to the Office of Minority Health's website for the national standards on culturally and linguistically appropriate services (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>).

Accessibility

Eligible programs must demonstrate that services will be made available to residents throughout the State. Applicants must provide a toll-free number or a hotline to allow consumers access to the services it provides. There should be staff available to answer consumer calls in real time. Sufficient staff must be available during normal business hours (typically 9:00 am to 5:00 pm from Monday to Friday), with 24-hour voicemail access and message indicating calls will be returned within 24 hours. Walk-in access must be provided.

Eligible programs must demonstrate ability to communicate effectively with consumers, including the provision of interpretive services to those with limited English proficiency and modes of communication that accommodate consumers with disabilities. Eligible programs must demonstrate capacity to work with vulnerable populations and adequate staffing to respond to consumer concerns.

Privacy and security of personally identifiable information

The applicant shall have a mechanism in place to protect a consumer's personal information. To be eligible for this grant, an applicant must develop the following criteria pertaining to the use of information entered in the Database system:

- criteria for security for information handling and for the database maintained by the program under this grant, including efforts to use appropriate encryption technology or other appropriate technology to protect the security of such information;
- criteria for meeting the uniform electronic format for the reporting, sharing, and disclosure of information as required by HHS;
- criteria for availability of information and limitation on access to program personnel;
- criteria for access to the database, and procedures to ensure that information in the database is accurate;
- criteria for the use and disclosure of information;
- penalties for the unauthorized use and disclosure of information maintained under this grant in violation of applicable State law or regulation; and
- information on the relevant State laws, policies, and procedures, if any, regarding access to, disclosure of, and purging of information from the database.

Insurance companies ineligible

In the case of applications from States in partnership with nonprofit organizations, the partner organization must not be a health insurance issuer or an entity that is treated under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer.

Eligibility Threshold Criteria

- Application deadline: Applications not received electronically through www.grants.gov by the application deadline will not be reviewed.
- Application requirements: Applications will be considered for funding only if the application meets the requirements as outlined in, Section III, *Eligibility Information*, and Section IV, *Application and Submission Information*.
- Page limit: The application Project Narrative must not exceed ten pages in length, the Work Plan and Timeline must not exceed 3 pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 16 pages in length). The additional documentation, including Cover Sheet, Standard Forms, Cover Letter, Project Abstract and Profile is excluded from the page limitation. Type font must be 12. For more information, see Section IV. 2, *Content and Form of Application Submission*.

Applicants are strongly encouraged to use the review criteria information provided in Section V, *Application Review Information*, to help ensure that the proposal adequately addresses all the criteria that will be used in evaluating the proposals.

Employer Identification Number

All applicants must have a valid Employer Identification Number (EIN) assigned by the Internal Revenue Service.

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 in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. See Section IV.1, *Application and Submission Information*, for more information on obtaining a DUNS number.

Central Contracting Registration (CCR) Requirement

All applicants must provide a DUNS and an EIN number in order to be able to register in the Central Contractor Registration (CCR) database at www.ccr.gov. Applicants must successfully register with CCR prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV. 1 *Application and Submission Information*, for more guidance on CCR registration. Prime awardees must maintain a current registration with the CCR database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at www.ccr.gov by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Section VI. *Award Administration Information*, for more information on FFATA.

The Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady at divisionofgrantsmanagement@cms.hhs.gov.

Continued Eligibility

Grantees must meet milestones and reporting deadlines to be eligible throughout the project period.

2. Cost Sharing or Matching

Cost sharing or matching is not required as a condition of award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This Funding Opportunity Announcement 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.

Application Materials

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. The Funding Opportunity Announcement can also be viewed on the Centers for Medicare and Medicaid Services website at <http://cciio.cms.gov>.

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

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.519.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps.
- All applicants under this announcement must have an Employer Identification Number (EIN) to apply. **Please note, the time needed to complete the EIN registration process is substantial, and applicants should therefore begin the process of obtaining an EIN immediately upon posting of this FOA to ensure this information is received in advance of application deadlines.**
- All applicants, as well as sub-recipients must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application (only applicable if a waiver is granted) or using the Government-wide electronic portal, www.Grants.gov. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**
- The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN numbers in order to do so. Information about CCR is available at <http://www.ccr.gov>. The Central Contractor Registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete CCR registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the CCR 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.

- 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. http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in CCR before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in CCR to ensure this step is completed in time to apply before application deadlines.**
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz 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 of the following file formats and must contain a valid file format extension in the filename – Microsoft Word, Excel or Powerpoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above, 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 or RAR 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, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not confirm to the above will be excluded from the application during the review process.**
- 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 accepted and/or granted a waiver.

- 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.
- Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registration (CCR). You can register with the CCR online; registration will take about 30 minutes to complete (<http://www.ccr.gov>). **Failure to renew CCR registration prior to application submission will prevent an applicant from successfully applying.**

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, unless a waiver is granted per the instructions below.

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 4:00 pm Eastern Daylight Time on the due date.

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

The applicant must seek a waiver **at least** ten days prior to the application deadline if the applicant wishes to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, an applicant **must** have adhered to the timelines for obtaining a DUNS number, registering with the Central Contractor Registration (CCR), registering as an Authorized Organizational Representative (AOR), obtaining an Employer Identification Number (EIN), completing Grants.gov registration, as well as requested timely assistance with technical problems. Applicants that do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.519.
- Paper applications are not the preferred method for submitting applications. However, if you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or (800)

518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

- 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 and a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (emails are acceptable) to Michelle.Feagins@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

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

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 email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

2. Content and Form of Application Submission

Form of Application Submission

Each application must include all contents described below, in the order indicated, and in conformance with 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 narrative must be paginated in a single sequence.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be DOUBLE-SPACED.
- The project abstract is restricted to a one-page summary which should be single-spaced.
- The application Project Narrative must not exceed ten pages in length, the Work Plan and Timeline must not exceed 3 pages in length, and the Budget Narrative must not exceed three

additional pages (for a total of up to 16 pages in length). The additional documentation listed below, including Cover Sheet, Standard Forms, Cover Letter, Project Abstract and Profile is excluded from the page limitation.

Overview of Grant Application Structure and Content

Cover Sheet (as outlined in Section VIII. *Application Cover Sheet*)

Standard Forms

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

- SF-424: Official Application for Federal Assistance (see note below);
- SF-424A: Budget Information Non-Construction;
- SF-424B: Assurances-Non-Construction Programs;
- SF-LLL: Disclosure of Lobbying Activities;
- Project Site Location Form(s); and
- Project abstract summary.

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

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: **Limited Competition for Affordable Care Act Consumer Assistance Program Grants**.
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

Cover Letter

A letter from the Applicant’s Authorized Organizational Representative, indicating the eligible entity (e.g., State department of insurance, State contracting with a non-profit organization, etc.), title of the project, the Principal Investigator/Project Director of the grant project with contact information, and, amount of funding requested. The letter should indicate that the submitting agency or Lead Agency has existing authority to oversee and coordinate the proposed activities or can demonstrate a plausible plan for obtaining such authority.

This letter should be addressed to:

Michelle Feagins
Grants Management Officer
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management

200 Independence Ave., S.W.
Room 733H-02
Washington, DC 20201

Project Abstract and Profile (maximum of one page)

A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project, the total budget, and a description of how the grant will be used to enhance consumer assistance activities in the State related to those activities authorized in section 2793 of the PHS Act. 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. Personally identifying information should be excluded from the abstract.

Project Narrative (as outlined in Section V. 1-A, Project Narrative)

Work Plan and Timeline (as outlined in Section V. 1-B, Work Plan and Timeline)

Budget and Budget Narrative (as outlined below and in Section V. 1-C, Budget and Budget Narrative)

The applicant is required to provide a detailed budget for the grant period. The budget presentation must include the following:

- Estimated budget total
- Total estimated funding requirements for each of the following line items, and a break down for each line item:
 - Personnel;
 - Fringe benefits;
 - Contractual costs, including subcontract contracts;
 - Equipment;
 - Supplies;
 - Travel; and
 - Other costs.
 - Indirect charges, in compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
 - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.
 - Completion of the Budget Form 424A remains a requirement for consideration of your application. This estimated budget presentation is an important part of your proposal and will be reviewed carefully by HHS staff.

Completing the 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 the SF-424A and follow the instructions outlined below.

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter “Limited Competition for ACA CAP Grants” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 1-year 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 the 1-year project period.
- Column (1) = Enter the heading for this column as Year 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 (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.

3. Submission Dates and Times

All applications are due by May 21, 2012 by 4:00 p.m. Eastern Daylight Time through <http://www.grants.gov>. All applications will receive an automatic time stamp upon submission and applicants will receive an e-mail reply acknowledging the application’s receipt.

The anticipated announcement date for all grant awards will be June 20, 2012. All awards will have an initial budget period of 12 months.

4. Intergovernmental Review

Applications for these grants are not subject to review by States under Executive Order 12372,

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

5. Funding Restrictions

No grant funds awarded under this solicitation may be used for any item listed in the Prohibited Uses of Grant Funds as detailed below:

The Department of Health and Human Services Consumer Assistance Program Grants awarded may not be used for any of the following:

1. To cover the costs to provide direct health care services to individuals.
2. To match any other Federal funds.
3. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
4. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.

V. APPLICATION REVIEW INFORMATION

In order to receive a grant under this funding opportunity announcement, applicants must submit an application, 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 below, the applicant risks not being awarded.

As indicated in Section IV. 2, *Content and Form of Application Submission*, all applicants must submit the following:

1. Cover Sheet
2. Standard Forms
3. Cover Letter
4. Project Abstract and Profile
5. Project Narrative
6. Work Plan and Timeline

7. Budget and Budget Narrative

1. Criteria

In order to receive a grant award, existing grantees must submit a proposal to expand the consumer assistance activities of their Consumer Assistance Program. Successful applicants are required to demonstrate that they will use grant funds to expand capacity for activities authorized under section 2793 of the PHS Act as described in Section I.4, *Program Requirements*. In the event that the applicant is not able to perform one of the consumer assistance activities authorized under section 2793 of the PHS Act, the applicant should provide a description of plans to ensure that consumers receive that identified service. For example, if due to prohibition under State law an applicant cannot file appeals on behalf of consumers, an applicant must demonstrate an alternative method to ensure consumers receive assistance with filing appeals. An alternative method can include, but is not limited to, partnering with a non-profit to fulfill this grant requirement. Specific application requirements are outlined below.

Application materials submitted shall not contain any personally identifiable information, unless expressly requested by a form or this grant announcement.

As indicated in Section IV. 1, *Application and Submission Information*, all applicants must submit Cover Sheet, Standard Forms, Cover Letter, Project Abstract and Profile, Project Narrative, Work Plan and Timeline, and a Budget and Budget Narrative as part of their grant application. A complete description of each of the grant application requirements is provided below:

A. Project Narrative

The project narrative must be no more than ten pages in length and may include any attachments requested in the application requirements below (attachments will not be subject to the page limit).

i. Scope of program assistance

Applicants must discuss how the program proposes to expand the consumer assistance activities the CAP provides including, but not limited to appeals assistance; assisting consumers with enrollment, consumer education, and data collection, management, and reporting.

ii. Program accomplishments

Applicants must include information on the program's track record of consumer assistance and expertise in consumer education and problem resolution. Describe the program's accomplishments involving the following activities:

- Assisting consumers with appeals, including filing on their behalf, coordinating with other agencies to provide assistance and recovering benefits (if applicable).
- Assisting consumers with enrollment in a group health plan or health insurance coverage
- Outreach to consumers to educate them about their rights and responsibilities with respect to group health plans and health insurance coverage, including internal and external appeals.
- Collecting, managing, and reporting data.

iii. Expertise of Consumer Assistance Program personnel

Applicants must provide information on the total number of staff, both full-time and part-time, as well as a description of staff expertise with private health insurance under both State law and Federal law – including the Affordable Care Act – as outlined in Section 2793 of the PHS Act.

Also discuss personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate. In discussing this topic, please refer to the Office of Minority Health's website for the national standards on culturally and linguistically appropriate services

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>).

iv. Process for ensuring privacy and security of personally identifiable information

To be eligible for this grant, an applicant must describe the mechanisms they will use to protect a consumer's personal information entered in their Database system:

- criteria for security for information handling and for the database maintained by the program under this grant, including efforts to use appropriate encryption technology or other appropriate technology to protect the security of such information;
- criteria for meeting the uniform electronic format for the reporting, sharing, and disclosure of information as required by HHS;
- criteria for availability of information and limitation on access to program personnel;
- criteria for access to the database, and procedures to ensure that information in the database is accurate;

- criteria for the use and disclosure of information;
- penalties for the unauthorized use and disclosure of information maintained under this grant in violation of applicable State law or regulation; and
- information on the relevant State laws, policies, and procedures, if any, regarding access to, disclosure of, and purging of information from the database.

B. Work Plan and Timeline (maximum of three pages)

A timeline is required with the project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes. Applicants should identify by name and title the individual responsible for accomplishing the goals of the project.

C. Budget and Budget Narrative (maximum of three pages)

A budget with appropriate budget line items and a narrative that identifies the funding needed to accomplish the grant’s goals are required. 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 budget narrative must separately report on technical assistance activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. Applicants must include specific salary rates if planning to use grant funds to pay for salaries. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

2. Review and Selection Process

A team consisting of qualified experts will review all applications. In the event that the applicant is not able to perform one of the consumer assistance activities authorized under section 2793 of the PHS Act, the applicant should provide a description of plans to ensure that consumers receive that identified service. For example, if due to prohibition under State law an applicant cannot file appeals on behalf of consumers, an applicant must demonstrate an alternative method to ensure consumers receive assistance with filing appeals. An alternative method can include, but it not limited to, partnering with a non-profit to fulfill this grant requirement. The U.S. Department of Health and Human Services has demonstrated flexibility with 2010 CAP grant award recipients by working with grantees to identify alternatives to meet grant requirements that accommodate State law and available resources. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in the Section III. *Eligibility Information* of this solicitation.
- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V. *Application Review Information* of this solicitation.

This evaluation rubric will be used by qualified experts in their review of all applications. An applicant may receive a score of up to 100 points.

- The results of the objective review of applications by qualified experts will be used to advise the approving HHS official.
- Successful applicants will receive one grant award based on this solicitation.
- Evaluations will be made available for review upon request.

The review criteria are as follows:

Description of the program’s independence and ability to coordinate (20 points)

- Program’s plan for advocating freely and vigorously on behalf of consumers
- Program’s plan for reporting objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage
- Program’s plan to coordinate closely with State insurance regulators

Scope of program assistance (20 points)

- Range of assistance services to be provided by the program, including, but not limited to private health insurance, group health plans (both private ERISA plans and nonfederal governmental plans), Pre-existing Condition Insurance Plan, etc.
- Program’s plan for handling appeals and grievance cases

Program accomplishments (20 points)

- Program’s track record of consumer assistance and expertise in consumer education and problem resolution
- Program’s accomplishments involving the following activities:
 - Assisting consumers with filing of complaints and appeals
 - Consumer education
 - Data collection, management, and reporting (include information on existing Database systems used to track caseload)
 - Recovered benefits
- Appeals caseload (number of cases handled, number of people served/calls received)

Expertise of consumer assistance program personnel (15 points)

- Total number of staff

- Staff expertise in handling cases involving private health insurance (Federal, State and local rights and protections)
- Personnel training (i.e. length of training, scope, resource manuals, etc.).
- Personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate

Accessibility (15 points)

- Statewide (Programs are required to provide services throughout the State)
- Consumer access (toll-free number or hotline, walk-ins, e-mail, website, fax, hours of operation, web address)
- Ability to work with vulnerable populations

Process for ensuring privacy and security of personally identifiable information (10 points)

- Mechanisms in place to protect a consumer’s personal information
- Processes in place to protect consumer information entered in the Database system (if applicable)

3. Anticipated Announcement and Award Date

The anticipated announcement and award date is June 20, 2012.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a NoA signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be sent by electronic mail to the State 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 by letter, sent 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.

Federal Funding Accountability and Transparency (FFATA) Subaward Reporting

Requirement: 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the

recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov).

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

- Specific administrative requirements as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.
- All States receiving awards under this grant 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.
- 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. All grant budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Grants are administered in accordance with the following regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement.
- Administrative Regulations for Grants:
 - 45 C.F.R., Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations.
 - 45 C.F.R., Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
- Grants Policy:
 - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:
 - Title 2: Grant and Agreements, Part 225—Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87).
 - Title 2: Grant and Agreements, Part 230—Cost Principles for Non-Profit Organizations (previously OMB Circular A-122).
- Audit Requirements:

- OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

Indirect Costs

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/grantsnet/adminis/gpd/> for more information.

The provisions of 2 CFR Part 225 (previously OMB Circular A-87) and 2 CFR Part 230 (previously OMB Circular A-122) govern reimbursement of indirect costs under this solicitation.

3. Terms and Conditions

This solicitation continues to be subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd/> and may also include additional specific grant “special” terms and conditions. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the HHS Grants Policy Statement will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Subaward Reporting and Executive Compensation: 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsr.gov).

4. Reporting

A. Data Collection Reports

As required under section 2793 of the PHS Act, as a condition for receiving the consumer assistance program grant, programs must collect and report data to the Secretary on the types of problems and inquiries encountered by consumers. HHS recognizes that the amount of funds available under this grant opportunity is significantly less than in 2010, and as such, HHS expects the data collection and reporting efforts by grantees to accurately reflect this difference in funding.

The initial data collection report will be due on 8/15/12. Subsequent data collection reports will be due on: 11/15/12, 2/15/13, and 5/15/13.

At a minimum, data collection reports must include the following information:

- Caseload including, but not limited to, total number of cases opened and total number of cases involving appeals.
- Caller demographics
- Type of coverage involved
- Problem types (access to coverage, appeals, billing, etc.)
 - Program reports must address consumer complaints involving the new investments prescribed under the ACA, including rescission, pre-existing exclusion for children, dependent coverage to age 26, Pre-existing Condition Insurance Plan, prevention services, annual and lifetime benefit maximum, appeals and grievance, premium rate increases, medical loss ratio-rebates, and discrimination based on salary.
- Data on referrals and responsiveness of entities on calls referred
- Case resolution
- Data on recovered benefits
- Data on provider and industry behavior

Awardees must also agree to respond to requests and provide data on consumer assistance activities as needed by the Secretary throughout the project period.

B. Financial Reports

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF-272A. The FFR, containing

cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

Within 90 calendar days of the budget/project period end date, Grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/SF-269A). Expenditures and any program income generated should only be included on the final, hard-copy FFR. Additional information will be included in the standard terms and conditions of award.

C. 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 subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsr.gov). Competing Continuation awardees may be subject to this requirement and will be so notified in the NoA.

D. Audit Requirements

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

E. Payment Management Requirements

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

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

VII. AGENCY CONTACTS

1. Programmatic Questions

Programmatic questions about the Limited Competition for Affordable Care Act Consumer Assistance Program Grants should be directed to:

Holly Whelan
Consumer Support Group
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
Department of Health and Human Services
holly.whelan@cms.hhs.gov
(301) 492-4220

2. Administrative Questions

Administrative questions about the Limited Competition for Affordable Care Act Consumer Assistance Program Grants should be directed to:

Michelle Feagins
Grants Management Division
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
Department of Health and Human Services
michelle.feagins@cms.hhs.gov
(301) 492-4312

VIII. APPENDICES

1. APPLICATION COVER SHEET

Identifying Information:

Grant Opportunity: **HHS Limited Competition for Affordable Care Act (ACA) – Consumer Assistance Program Grants**

DUNS #: _____ Grant Award: _____

Applicant:

Primary Contact Person, Name: _____

Telephone Number: _____ Fax number: _____

Email address:

2. APPLICATION CHECK-OFF LIST

REQUIRED CONTENTS

A complete proposal consists of the following materials organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet

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

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- SF-424: Project Site Location Form
- Cover Letter
- Project Abstract
- Project Narrative
- Work Plan and Timeline
- Budget and Budget Narrative