APPENDIX B – PROPOSAL CONTENT

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| --- | --- |
| **Entity Name** |  |
| **Legal Name** |  |
| **Also Known As** |  |
| **Mailing Address** |  |
| **City, State, Zip Code** |  |
| **Main Entity Phone** |  |
| **Main Entity Fax** |  |
| **Email Address** |  |
| **Website Address** |  |
| **Indicate One – Non-Profit/ For-Profit/Other** |  |
| **Accreditation and Expiration Date (if applicable)** |  |
| **Tax Identification Number or Nevada Business License Number** |  |
| **DUNS Number** |  |
| **Primary Organization Contact, Land and Cell Phone Numbers, Email** |  |
| **Primary Program Contact, Land and Cell Phone Numbers, Email** |  |
| **Primary Fiscal Contact, Land and Cell Phone Numbers, Email** |  |
| **NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested** |  |
| **Amount of Funding Requested** |  |

**II. EXECUTIVE SUMMARY**

Provide an overview of the proposed program including proposed program activities, and how social distancing measures and community mitigation strategies to reduce the transmission of COVID-19 will be implemented, including but not limited to, virtual outreach and marketing. Limit to one page.

**III. ORGANIZATION OVERVIEW**

1. Describe your organization. What is the mission of your organization? What populations and communities does your organization serve? What services does your organization offer? What outreach and education activities does your organization currently perform? Describe the short-term and long-term goals for the organization?
2. What is the reach of your organization? How many individuals and/or families do you serve each year? Does your organization serve communities and populations locally, regionally or statewide?
3. How does your organization’s mission align with the goals of this funding opportunity? How does your organization propose to incorporate the goals of this funding with the services, outreach and education activities you already perform?
4. Are you pursuing, or have you secured any other funding that targets uninsured and underinsured populations, or provides assistance for enrollment, outreach, and/or education for publicly or privately funded health programs or coverage? Identify the funding sources, indicate the amount requested or secured, and explain the specifics of how the funding will be used. For any funding sources that are pending, indicate when you expect to be notified whether your agency will receive an award.
5. In detail, how will your organization implement social distancing and community mitigation strategies resulting from the COVID-19 pandemic, including but not limited to, virtual outreach and marketing? How will the project manage on-site, walk-in and appointment based in-person enrollment assistance? Explain how the project will meet open enrollment goals during the open enrollment period? What tools and technology does your organization propose to use to provide enrollment assistance and other direct services? How will you conduct outreach, education and other consumer assistance functions?

**IV. SERVICES TO BE PROVIDED**

1. Please explain how your project will best serve the Exchange’s mission and have a positive impact in reducing the number of uninsured and underinsured Nevadans. Be specific about the strategies you will use and why you think they will be effective.
2. Provide a detailed description of how your organization will engage the estimated 77,000 uninsured Nevadans who are eligible for subsidized coverage through the

Exchange, and how you will get them to enroll in coverage? Be specific about the strategies you will use, and how you will measure their impact and results.

Describe the outreach and education activities your organization will conduct, including the numbers of events you will hold and attend, and the estimated audience you will reach, to help raise awareness about the Exchange. Please ensure that education and outreach activities have incorporated social distancing and community transmission mitigation strategies to prevent the spread of COVID-19.

1. How will your organization support and conduct consumer enrollment into qualified health plans and/or publicly funded health care programs to uninsured and underinsured Nevadans? How will you measure and report the enrollments and referrals into both? How will you provide enrollment support to consumers while maintaining social distancing protocols?
2. How will you work with community partners to achieve the goals of this program? Have you worked with community partners before? What was the outcome of previous partnerships?

**V. COMMUNITY FOCUS**

1. Please describe your community network and community focus, as it relates to the requirements outlined in Attachment A. How have you established trusted relationships with underserved populations or those who are disproportionately without access to coverage or care? How will you ensure that your program will deliver services in a manner that is culturally and linguistically appropriate?

**VI. POPULATION TO BE SERVED**

1. What populations will you serve? Include any plans you have to target populations that are vulnerable or underserved (e.g., young adults, immigrants, ethnic and minority

groups, rural populations, and LGBTQ populations, etc.). To the extent practicable, the funding associated with this RFA should be targeted to populations that are uninsured or underinsured with incomes within the 138% to 400% FPL range. How will your project address this objective?

b. For the targeted population in Question VI a, describe the steps you will take to identify and conduct outreach to the target population. List any partners or resources that will assist in your efforts.

**VIII. STAFF AND FISCAL CONTROLS**

Provide a list of key personnel including the Executive Director, Program Manager, Fiscal manager and program staff. A resume shall be included for each proposed key personnel responsible for performance under any funding awarded resulting from this RFA.

1. Please describe your organization’s fiscal and internal controls and provide copies of written policies and procedures you have.
2. How will your organization ensure that it is in compliance with all laws, regulations, insurance, Grant Instructions and Requirements, and other ruling documents that are associated with these funds?
3. How will your organization ensure that it will maintain the proposed number of EEFs and personnel needed for this program?

**IX. ADDITIONAL INFORMATION**

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

**X. CERTIFICATION**

Verify that your organization has read, understands, and agrees to the Grant Conditions, Assurances, and the Grant Instructions and Requirements. An authorized staff person from the applicant organization must sign and date below.

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Signature, Title Date