

# FY 2025 Navigator Grant for the LGBTQ+ Community

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*MNsure*

## *Applicant Information (Not scored)*

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### **Project Name\***

*Character Limit: 100*

### **Contract Representative\***

For a paid partnership, the contract representative should be from the lead agency.

*Character Limit: 50*

### **Contract Representative Email\***

For a paid partnership, the contract representative should be from the lead agency.

*Character Limit: 254*

### **Contract Representative Phone\***

For a paid partnership, the contract representative should be from the lead agency.

*Character Limit: 20*

### **Main Contact for RFP Process\***

Is the contract representative also the main contact for communications regarding the RFP process?

#### **Choices**

Yes

No

### **If not the main contact for communications regarding the RFP:**

State main contact name:

*Character Limit: 50*

### **Main Contact Email**

*Character Limit: 254*

### **Main Contact Phone**

*Character Limit: 20*

### **Minnesota Tax ID**

If a paid partnership, this should be the Minnesota Tax ID for the lead agency.

*Character Limit: 20*

## State of Minnesota Vendor Number

If a paid partnership, this should be the SWIFT Vendor Number for the lead agency.

*Character Limit: 15*

## Federal Data Universal Number System (DUNS) #

If a paid partnership, this should be the Minnesota Tax ID for the lead agency. Applicant agencies are not required to have a DUNS at the time of application, but are required to obtain one before the start of the project.

*Character Limit: 50*

## Agency Type\*

If a paid partnership, this should be agency type for the lead agency.

### Choices

Nonprofit

Tribal nation/Tribal government

For-profit (Limited Liability)

For-profit (Incorporated)

State or Local Government

## Evidence of Good Standing\*

Potential grantees must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by 16B.981 Subd. 2 (3) and as part of the response to this Grant Request for Proposal. Is your agency (for-profit or nonprofit) registered with the Minnesota Secretary of State and has a status of “In Good Standing”?

### Choices

Yes

No

Not applicable (if Tribal nation, Tribal government, or state or local government)

## Total grant amount requested\*

Requested amount cannot exceed \$80,000.

*Character Limit: 20*

## List of all Paid Partners

If this is a paid partnership, list all agencies that would receive grant funds.

Use the following format:

- Agency 1
- Agency 2
- Agency 3

*Character Limit: 500*

### **Conflict of Interest\***

List the name(s) of individuals involved with the preparation of this proposal and their title to assist in determining potential conflicts of interest.

*Character Limit: 200*

### ***Statement of Focus (Not scored)***

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The Statement of Focus (SOF) population for this RFP is limited to the lesbian, gay, bisexual, trans, queer (LGBTQ+) community and people living with, or disproportionately impacted by, HIV.

### ***Connection to Statement of Focus Population (30% of total score)***

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The grant program seeks to support agencies that have strong, established connections to the SOF population (LGBTQ+ community and people living with, or disproportionately impacted by, HIV) and have leadership and staff that represent the community.

Preference will be given to agencies that can offer consumers the option of in-person assistance within a reasonable distance within their defined geographic area.

The applicant will be scored on their responses to the following questions:

#### **Connection to SOF Population: Existing Connections\***

Describe existing connections the agency has with the SOF population. Evidence of existing connections may include length of time serving the community, other services provided to the community and special skills.

If this is a paid partnership, include this information for each paid partner.

*Character Limit: 4000*

#### **Connection to SOF Population: Agency Representation\***

Explain the current demographics of the board members (if applicable), leadership and staff of the agency. If the board, leadership and staff are not reflective of the SOF population, describe plans for changing recruiting, hiring, promotion and retention practices.

If this is a paid partnership, include this information for each paid partner.

*Character Limit: 3500*

### Connection to SOF Population: Geographic Services\*

Define the geographic area that will be served by the grant and explain how the grant will provide services throughout the area. Specify where and how in-person assistance will be offered to consumers.

*Character Limit: 3500*

## *Grant Objective and Strategies (40% of total score)*

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The goal of MNsure's navigator grant program is to reduce disparities by sustaining a strong and diverse navigator infrastructure to help Minnesotans obtain and maintain health insurance coverage. This help goes beyond submitting applications. Grantees are expected to support consumers through the full life cycle of coverage, including learning about health insurance options, submitting an application that results in eligibility, potentially enrolling in private coverage, responding to notices, reporting changes in circumstances and completing renewals.

Preference will be given to agencies that are able to complete strategies using current staff.

The applicant will be scored on their responses to the following questions:

### Grant Objective\*

Provide an objective setting how many individuals from this SOF population will gain or maintain health insurance coverage during the grant period.

*Character Limit: 300*

### Grant Strategies: Outreach\*

List outreach strategies to connect with the SOF population in the geographic area. If this is a paid partnership, describe any role for paid partners in these strategies.

*Character Limit: 2500*

### Grant Strategies: Application Support\*

List strategies for providing application support for the SOF population that will help achieve the grant objective. If this is a paid partnership, describe any role for paid partners in these strategies.

*Character Limit: 2500*

### Grant Strategies: Private Plan Enrollment\*

List the strategies for helping eligible consumers enroll in private plans. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 2500*

### Grant Strategies: Case Management\*

List strategies for helping the SOF population with case management. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 2500*

### Grant Strategies: Renewals\*

List the strategies for helping the SOF population retain coverage through renewal periods. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 2500*

### Current Activities\*

Describe the agency's current (within the last six months) outreach activities and application support for this SOF population.

*Character Limit: 2500*

### Agency Capacity\*

Explain whether the agency (and any paid partners) can complete the strategies and achieve the grant objective with current staffing. If additional capacity is needed, clarify the timeline for ramping up to full capacity.

*Character Limit: 2500*

## *Data Collection (15% of total score)*

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Grantees are expected to collect and report data to demonstrate progress on carrying out their strategies and achieving their grant objective. The data must demonstrate that the strategies are effective with the SOF population.

Applicants will be scored on their responses to the following questions:

### Data Collection: Objective\*

Describe what information will be tracked and how data will be collected and reported to MNSure to demonstrate progress towards the **grant objective** (the number of individuals from the SOF population who will gain or maintain health insurance coverage during the grant period).

*Character Limit: 2500*

### Data Collection: Outreach\*

Describe what information will be tracked and how data will be collected that can be reported to MNSure to show **outreach strategies** are successful with the SOF population.

*Character Limit: 2500*

### Data Collection: Application Support\*

Describe what information will be tracked and how data will be collected that can be reported to MNSure to show **application support strategies** are helping the SOF population get eligibility for health care programs.

*Character Limit: 2500*

### Data Collection: Private Plan Enrollment\*

Describe what information will be tracked and how data will be collected that can be reported to MNSure to demonstrate eligible consumers **enroll in private health insurance**.

*Character Limit: 2500*

### Data Collection: Case Management\*

Describe what information will be tracked and how data will be collected that can be reported to MNSure to show **case management strategies** are helping the SOF population to maintain correct eligibility.

*Character Limit: 2500*

### Data Collection: Renewals\*

Describe what information will be tracked and how data will be collected that can be reported to MNSure to demonstrate the SOF population is **retaining health insurance coverage through renewal periods**.

*Character Limit: 2500*

### Data Collection: Data Privacy\*

Explain the agency's practices for protecting any private consumer data that is collected. If this is a paid partnership, describe how paid partners protect consumer information.

*Character Limit: 2500*

## *Budget and Financial Management (15% of total score)*

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Applicants must submit a budget for completing the proposed objective and strategies. The total requested budget should not exceed \$80,000 for the fiscal year and assume a grant period beginning January 1, 2025 and ending June 30, 2025.

Preference will be given to grants that have navigators devoted at least half-time (16 or more hours per week) year-round to grant outreach and enrollment activities.

Applicants will be scored on their responses to the following questions:

### Budget: Total Grant Budget\*

Total grant amount requested:

*Character Limit: 20*

## **Summary Budget**

Provide the total requested for each of the following budget categories and a brief description of how the funds would be used. The amounts provided must add up to the total grant amount requested.

For additional information on budget categories and allowable and unallowable expenses, refer to the "Budget and Financial Management" section of the RFP.

### **Summary Budget: Personnel\***

Wages and other compensation for agency employees.

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 2000*

### **Summary Budget: Contractors/Consultants\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

### **Summary Budget: Equipment\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

### **Summary Budget: Supplies\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

### **Summary Budget: Travel\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

### **Summary Budget: Other Direct Costs\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

**Summary Budget: Indirect Costs\***

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

*Character Limit: 1500*

**Summary Budget: Paid Partner Costs (if applicable)\***

Provide the total budget for EACH paid partner and a brief description of how funds will be used. If there are no paid partners enter "Not applicable."

*Character Limit: 2000*

**Staffing\***

Explain whether any certified navigators will be working at least half time (at least 16 hours per week) on grant activities. If so, how many hours per week? Clarify whether this is an existing employee, or whether the position will be hired if a grant is awarded.

*Character Limit: 500*

**Budget: Funding Sources\***

Explain how the agency's navigator activities are currently funded (MNSure funding and/or other funding sources).

*Character Limit: 1000*

**Budget: Funding\***

Would this grant sustain or expand current navigator activities for the SOF population?

**Choices**

Sustain

Expand

**Financial Management: Financial Practices\***

Explain the agency's current financial management practices for grant funding. If relevant, include examples of past experience managing grant funding.

*Character Limit: 2000*

**Financial Management: Paid Partner Oversight\***

If there are paid partners, explain how the lead agency will oversee the financial management of paid partners. Include examples of past experience managing any paid partners.

If there are no paid partners, enter "Not applicable" here.

*Character Limit: 2000*



## *Letters of Support from Paid Partners (Not scored)*

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### **Letters of Support**

If the application includes paid partners, letters of support from each paid partner must be submitted with the proposal to verify that the paid partner understands and has agreed to their role in the proposal.

A letter of support or agreement must provide a brief summary of the paid partner's role in achieving the grant proposal objective. It must be submitted on the paid partner's letterhead and signed.

If there are multiple paid partners, upload all letters of support as single document.

*File Size Limit: 10 MB*

## *Required Statements (Not scored)*

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**The following are required documents that must be included with your proposal.** All of the documents are available under "Request for Proposals and Required Documents" on the MNSure Assister Funding Opportunities webpage. Complete the attachments and upload them as an attachment in the "Required Statements" section of the online application in Foundant.

### **Attachment A: Responder Information/Declarations\***

*File Size Limit: 2 MB*

### **Attachment B: Affidavit of Noncollusion\***

*File Size Limit: 2 MB*

### **Attachment C: Workforce Certification\***

*File Size Limit: 2 MB*

### **Attachment D: Certification Regarding Lobbying\***

*File Size Limit: 2 MB*

### **Attachment E: Exceptions to Terms and Conditions\***

*File Size Limit: 2 MB*

### **Attachment F: Trade Secret/Confidential Data Notice\***

*File Size Limit: 2 MB*