Illinois Department of Public Health
Affordable Care Act – In-Person Counselor Grant Program 2015

Request for Applications (RFA) Instructions

Application Package Contents:
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Webinar
Informational webinar for potential applicants: **Thursday, July 10, 2014, at 1:00 PM**
Webinar Registration Link:
Please visit the IDPH funding opportunities page at http://www.idph.state.il.us/fundop.htm. The webinar link will be made available shortly.

Questions
Questions regarding the content of this RFA may be submitted to gov.coveragehelp@illinois.gov. Responses to all submitted questions will be posted at http://www2.illinois.gov/gov/healthcarereform/Pages/IPC.aspx. The State and its employees are unable to provide answers to questions about the RFA through any other means. RFA questions must be received by **5:00 PM CDT July 21, 2014**. Technical questions related to the online application may be submitted to DPH.GrantReview@illinois.gov through the end of the application period.

Application Submission

Applications for this funding opportunity must be submitted through the Illinois Department of Public Health's Electronic Grant Application Management System (EGrAMS). The EGrAMS grant application will become available shortly after the release of this instructional document. Both the applicant organization and the individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Instructions for using EGrAMS are located in the Training Materials section of http://idphgrants.com.

*Application closes on Monday, August 1, 2014, at 5:00 PM CDT *

NOTE: This document is intended to be a guide for the actual Request for Application in the EGrAMS system. The actual formatting and layout in EGrAMS may differ.

I. Background and Purpose/General Information

The purpose of this Request for Applications (RFA) for the In-Person Counselor (IPC) Grant Program is to provide grant funding to organizations seeking to assist eligible Illinois residents in enrolling in new coverage options and affordability programs made available through the federal Affordable Care Act (ACA). Grants are targeted to serve populations currently without health insurance and expected to benefit from the ACA's provision of financial assistance for the purchase of Qualified Health Plans (QHPs) on the Health Insurance Marketplace and expansion of the Medicaid program.[1] The State is particularly focused on serving individuals who would have difficulty enrolling in coverage without the help of an IPC, including (but not limited to) individuals with low literacy, limited English proficiency, low-income individuals, people with disabilities and other hard-to-reach populations.

Eligible Illinois residents will be able to enroll in Marketplace health coverage and financial assistance programs through Get Covered Illinois during an open enrollment period beginning November 15, 2014, and lasting through February 15, 2015. Enrollment must occur during this period, unless an individual experiences a loss of other health coverage or another life event which triggers a special enrollment period. Enrollment will occur 24 hours a day, 7 days a week during the entire open enrollment period. Small employers and their employees and Medicaid-eligible individuals will be able to enroll in coverage at any time throughout the year. Through this RFA, the State is seeking to award funding to eligible organizations to perform the following duties prior to, during, and after the Open Enrollment period:

- Maintain expertise in eligibility, enrollment, and program requirements;
- Conduct public education activities to raise awareness about Get Covered Illinois, Illinois Medicaid and utilization of health coverage;
- Provide information and services in a fair, accurate and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs;
- Facilitate selection of a QHP or, when appropriate, a public insurance plan;
- Provide referrals to the Illinois Department of Insurance, or any other appropriate State agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by Get Covered Illinois at no cost to those individuals, including individuals with limited English proficiency, and ensure accessibility and usability of IPC tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act; and
- Maintain a physical presence in the Marketplace service area, so that face-to-face assistance can be provided to applicants and enrollees.

Get Covered Illinois believes that the best way to deliver on the promises of the Affordable Care Act to ensure security, stability, and affordable health coverage for all Americans is to approach our program with the following guiding principles:

1) Promotion of a Statewide Culture of Coverage;
2) Empowerment of Community Based Organizations and Stakeholders;
3) Measurement of Enrollment;

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[1] For more information on the Health Insurance Marketplace, please visit http://www.getcoveredillinois.gov

4) Promotion of Health Care as a Value; and
5) Building of a Strong and Trusted Reputation Among All Residents of Illinois.

These guiding principles should be reflected in the work of the grantee entities participating in the IPC Grant Program.

II. Period of Performance

The period of performance of this grant is expected to begin August 1, 2014 and end April 15, 2015. The grant period may be renewed at the end of the term. Renewals will also depend on the availability of federal funding. Grantee organizations may begin to utilize funding for non-enrollment activities (i.e., hiring new staff, training, conducting outreach events) immediately upon receiving an award. However, no employee of an organization may conduct enrollment activities with grant funding prior to completing all required state and federal training and receiving certification from the Illinois Department of Insurance. All awardees must perform required activities throughout the grant cycle, including the entirety of the Open Enrollment period (November 15, 2014-February 15, 2015), and will be required to perform certain pre- and post-enrollment assistance activities, Medicaid enrollments, and special enrollment period enrollments throughout the remainder of the grant period.

Sample Timeline of Grant Activities	
August 2014	Grantee organization receives notice of award; grant agreement is executed.
August-October 2014	Grantee organization employees fulfill certification requirements (training, background check).
August-September 2014	Grantee organization works with Get Covered Illinois team to implement strategic outreach plan and begin Medicaid/SHOP enrollments.
September-November 2014	Grantee organization conducts pre-enrollment outreach, tracking, educational activities, and Medicaid/SHOP enrollments.
November 2014-February 2015	Grantee organization conducts activities to facilitate enrollment in health coverage.
February-April 2015	Grantee organization provides post-enrollment education and support, facilitates enrollment for individuals eligible for Medicaid and individual/family QHP special enrollment periods, and continues to facilitate enrollment for eligible small employers.

III. Eligible Applicants

IDPH will only accept applications from legally recognized organizational entities; applications from individual persons will not be considered. Only organizations based within Illinois (including local chapters of national organizations) are eligible to compete for these funds. **For the 2015 IPC program, grants will be made on a region-by-region basis. Applicants must submit information for each region in which they apply for funding** (see application Section 4.2 of the application for submission requirements and Appendix I for information about each region), but should only submit a single application covering all regions they intend to serve. Applicants must propose a minimum of five full-time In-Person Counselor (IPC) staff in each region in which they apply for funding. IPCs must be assigned to a particular region, however, assignments may be adjusted based on need and with the approval of the Get Covered Illinois team. For applicants applying with sub-grantee organizations, this total may be achieved by combining all regional IPC staff across all participating

organizations. Grantees will be required to coordinate IPC operations in each region. It is strongly recommended that a Grantee applying to have IPCs serve a particular region maintain an office or other physical presence in that region. No organization may appear on more than one application as a Grantee or sub-grantee on more than one application. IDPH and the Get Covered Illinois team will work directly with the Grantee agency to fulfill the objectives of the program. For agencies applying as a sub-grantee, the Grantee will serve in a management role and be responsible for distributing grant funds to each sub-grantee organization. All Grantee and sub-grantee organizations must meet the eligibility requirements defined in this section.

Applicants must demonstrate the capacity and past experience serving the populations they propose to target for the IPC program through the Project Narrative section of the application. It is possible that multiple high ranking applications focusing on the same community within a similar region will not all be funded. While applicants are asked to demonstrate their expertise with specific populations and may incorporate proposals for targeting such populations in their project narrative, grantees will be required to provide assistance to all Illinois residents who wish to use their services, without regard to race, color, national origin, disability, age, sex, gender identity or sexual orientation. IPCs must provide consumers, regardless of income, with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary or when requested by the consumer to ensure effective communication.[2]

The minimum eligibility requirements for entities responding to this RFA are consistent with the final regulations issued by the U.S. Department of Health & Human Services on March 27, 2012, April 3, 2013, and May 16, 2014 (45 CFR 155.210 and 45 CFR 155.215). Pursuant to these regulations and the Affordable Care Act, organizations eligible to apply for funding include the following:
- Community and consumer-focused nonprofit groups;
- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; and
- Other public or private entities that meet the requirements of this section and 45 CFR 155.210 (see Appendix III). Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies and other government entities, including local Public Health Departments.

To receive a grant, an applicant must:
- Be capable of carrying out at least those duties described in Section V ("Program Requirements");
- Demonstrate to IDPH that the entity has existing relationships, or could readily establish relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid;
- Meet the certification standards prescribed within this application;
- Not have a conflict of interest during the term as grantee defined in the section below; and
- Comply with the privacy and security standards adopted by IDPH, Get Covered Illinois, and HHS, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation).

Grantee or subgrantee organizations participating in the grant program **may not:**

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[2] The State will provide certain translated materials for the use of IPCs; see section IV.

- Be a health insurance or stop-loss insurance issuer;
- Be a subsidiary of a health insurance or stop-loss insurance issuer;
- Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
- Receive any consideration directly or indirectly from any health insurance or stop-loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP, though no health care provider shall be ineligible for participation in this grant program solely because it receives consideration from a health insurance issuer for health care services provided;
- Charge any applicant or enrollee, or request or receive any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to IPC program duties;
- Provide gifts, including gift cards or cash, unless they are of nominal value, or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment. Gifts, gift cards, or cash may exceed nominal value for the purpose of providing reimbursement for legitimate expenses incurred by a consumer in effort to receive application assistance, such as, but not limited to, travel or postage expenses.
- Use grant funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party that would be provided to any applicant or potential enrollee.
- Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual has a pre-existing relationship with the individual Navigator or Navigator entity and other applicable State and Federal laws are otherwise complied with. Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact, including calling a consumer.
  - Note: the prohibitions on door-to-door solicitation for "application or enrollment assistance" prohibit IPCs from engaging in door-to-door solicitation for the purpose of offering in-home application or enrollment assistance; they do not prohibit IPCs from going door-to-door to conduct general consumer education or outreach, including to let the community know that the organization is available to provide application and enrollment assistance services to the public. IPCs are not prohibited from providing in-home application assistance, if such assistance is requested by a consumer.
- Initiate any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and so long as other applicable State and Federal laws are otherwise complied with.

Organizations receiving consideration from health insurance issuers for reasons other than enrollment in insurance products (e.g., reimbursement for the provision of medical services, or grant funding for educational activities related to community health) are eligible to apply for this grant.

All grantees and sub-grantees must adhere to the following conflict-of-interest disclosure requirements:
- An In-Person Counselor entity, including a grant applicant, must attest that the entity and its staff do not have any of the prohibited conflicts of interest.[3]
- Upon request, all In-Person Counselor entities must submit to the federal Marketplace a written plan to remain free of conflicts of interest during their term as In-Person Counselors.
- Certain conflicts of interest, while not a bar to serving as an In-Person Counselor, should be disclosed to IDPH and to each consumer receiving application assistance (which includes pre-enrollment and post-enrollment services, but does not include outreach and education assistance), both by the individual In-Person Counselor, non-Counselor assistance personnel and the entity. Disclosures include:
  - Any lines of insurance business, other than health insurance or stop loss insurance, which the

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[3] The written attestation required of applicants is fulfilled by the applicant's response to Question #6 in Section 2.1 of this RFA (and the corresponding question appearing on the EGrAMS system). Other conflict-of-interest disclosure requirements listed in this section will be fulfilled following the award of the grant.

Counselor intends to sell while serving as a Counselor.
- o Any existing and former employment relationships they have had within the last five years with any issuer of health insurance or stop loss insurance, or subsidiaries of such issuers.
- o Any existing employment relationships between any health insurance issuer or stop-loss insurance issuer, or subsidiary of such issuers, and the individual's spouse or domestic partner.
- Any existing or anticipated financial, business, or contractual relationships with one or more issuers of health insurance or stop loss insurance or subsidiaries of such issuers.

Applicant organizations may also apply for and receive funding through the U.S. Department of Health and Human Services Navigator grant program, the Health Resources and Services Administration's Outreach and Enrollment Assistance Program, and other programs providing funding for ACA enrollment assistance efforts. **However, applicant organizations that are selected for the In-Person Counselor grant program may not use other funding sources designated for outreach, education, or enrollment through the Marketplace to pay staff working as In-Person Counselors under this grant program (i.e., each IPC staff member must be dedicated to this grant on a full-time basis, though additional staff may be hired with other funding).** Organizations that receive funding through another program must demonstrate that activities performed under the In-Person Counselor program will be distinct from those performed under the Navigator Program, and maintain separate accounting and financial records for each program. If an organization is applying for funding for the same activities through this RFA and another program, please include an attachment that clearly identifies areas of overlap. If the organization receives an award in any of these areas, it will not be eligible for funding through this RFA for overlapping activities or program staff. If an organization receives funding from another source, it should submit the Project Narrative or similar document submitted with that application.

In order to assist enrollment in Marketplace health insurance coverage and financial assistance programs through Get Covered Illinois, IPC entities and individuals will be exposed to personally-identifiable information (PII) of potential enrollees. While the Marketplace may collect, use and store PII, it does not intend to collect, use or store any consumer's health information (known under the Health Insurance Portability and Accountability Act (HIPAA) as "protected health information" (PHI)). The stringent HIPAA requirements regulating the collection, use and storage of PHI apply to HIPAA-defined "covered entities", being principally healthcare providers and health insurance plans. The Marketplace is neither a HIPAA "covered entity" nor an agent ("business associate") of any "covered entity". Organizations that are "covered entities" or are otherwise in possession of PHI are eligible to apply for this Grant, but must maintain the collection, use and storage of PII as a result of the performance of its duties under this Grant separate from its activities as a "covered entity" and any PHI in its custody, and take all other steps that may be necessary to establish and maintain under HIPAA its status as a "hybrid entity".

IV. Available Funding

Funding for the 2015 IPC Grant Program will be determined on a region-by-region basis. Applicants are required to submit information for each outreach region in which they would like to perform activities under the IPC program. Grantees may apply for more than one region using a single application, but must complete all information for each region separately (see application Section 4.2 for submission requirements and Appendix I for information about each region). Applicants may apply as a single organization or with partnering sub-grantee organizations; each applicant may operate in one or more outreach regions. Funding and reimbursements will be paid by IDPH to the Grantee. Grantees will be responsible for remitting payment to any sub-grantee organizations. For each region, applicants will be required to detail their proposal and state the number of certified IPC personnel from each participating organization they will designate to fulfill the needs of that region. Funding amounts for each region will be determined based on the number of IPCs proposed and the associated costs, as outlined in Appendix II.

Grant funding is intended to support the provision of in-person application assistance to Illinois consumers eligible for enrollment into QHPs, tax credits and cost-sharing reductions, and/or Medicaid. Grant funding may also be used to provide outreach and education to eligible populations, and provide post-enrollment support to individuals served by the grantee organization. Examples of eligible expenses include, but are not limited to, hiring new staff to perform grant activities, paying current staff for performing grant activities, expenses associated with travel to and from locations at which grant activities are performed, and the production of materials to promote awareness of the specific organization's services as an IPC entity. Educational and marketing materials describing features of the Health Insurance Marketplace, eligibility requirements, enrollment processes, common features of health insurance products, and other materials not specific to promoting awareness of individual IPC entities will be produced by the State and translated into several languages. Applicants should therefore not apply for funding for the production of such materials.

The grant funds may not be used for institutional, organizational, or community-based overhead costs not directly related to grant objectives; indirect costs; or levies. Grants awarded through this RFA are intended to augment current funding for required grantee activities and are not intended to replace that funding. Additionally, funds received under this grant **may not** be used for any of the following purposes:

- To cover the costs to provide direct health care services to individuals.
- To match any other Federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as 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 supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- To cover any pre-award costs.
- To carry out services that are the responsibility of the Health Insurance Marketplace, such as eligibility determinations and transferring enrollment information for consumers to a QHP, or to carry out any functions already funded through federal Exchange Establishment grants under section 1311(a) of the Affordable Care Act.
- To assist consumers with enrollment in non-Illinois health programs. Grantees may provide these consumers with basic information about Health Insurance Marketplaces, but should refer them to Navigators or Counselors, the Marketplace Call Center, and other resources within the State where the consumer resides for more in-depth assistance.
- 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. Grant recipients may lobby at their own expense if they can segregate federal funds from other financial resources used for that purpose.
- To cover the cost of food or beverage.
- To fund staff retreats or promotional giveaways.
- To purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or enrollee.

Additionally, IPC staff may not receive any funds provided under this Grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis. Please indicate in the Narrative the type of documentation that will be maintained and used to allocate staff costs to the grant (e.g., time sheets, cost allocation plans, certifications of time allocable to grant, other (please describe), not applicable to this grant application). If applicable, cash and in-kind contributions from applicant organization should be identified. No IPC staff may receive any funds

provided under this Grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis, per federal regulations.

V. Program Requirements

Activities

Organizations awarded funding through this grant opportunity will be required to provide in-person assistance to eligible individuals and small employers seeking to enroll in QHPs (including advanced premium tax credits and cost-sharing reductions), Medicaid, and All Kids (Illinois' Children's Health Insurance Program).

The list of required duties includes those referenced in Section I of this application. In addition, outreach and education activities must be performed by all grantee and sub-grantee organizations in order to raise awareness and knowledge of coverage options in Illinois.

Examples of required outreach and educational activities include but are not limited to:
- Canvassing local communities and small businesses (for the purpose of education and outreach only; please refer to page 5 of the application instructions for a detailed explanation of program requirements related to door-to-door activities.)
- Lead generation
- Data entry of lead generation (Request for Information cards)
- Educational presentations
- Visibility and tabling events
- Stakeholder engagement

IDPH and Get Covered Illinois are committed to engaging the communities that we are serving at times that are most beneficial to the public. Grantees and In-Person Counselors **must** be regularly available for client services during evening and weekend hours. IPCs will be required to regularly conduct outreach and education activities outside the grantee offices.

Due to the condensed open enrollment period, granted organizations and IPCs will have a very narrow and limited period of time that operations will be closed due to holidays.

Organizational Structure and Staffing Requirements

All Grantees will appoint a Program Director responsible for managing all IPC grant activities for the program. Grantees must propose a minimum of five In-Person Counselor (IPC) staff, including from any sub-grantees, in each region in which they apply for funding. For applicants applying with sub-grantee organizations, this total may be achieved by combining all regional IPC staff across all participating organizations. Grantees must acknowledge and affirm that the organization will hold all sub-grantee organizations with which it works to the same standards and requirements as it is held to. The organization will facilitate communication between the state and the organization (and its sub-grantees) for problem solving performance reporting, and issue resolution. In-Person Counselors must be dedicated to fulfilling the duties and activities outlined in Sections I and V of the RFA instructions on a full-time basis.

While IPCs should be the focus of all grant applications and comprise the majority of proposed staff positions, applicants must also identify a management structure that allows for the efficient execution of the program's outreach and enrollment activities. The organizational structure of the applicant and any sub-grantees must be clearly articulated in the application and should comply with the following guiding principles:
- All IPCs should be full-time employees dedicated exclusively to grant activities;

- Non-IPC administrative/management positions should be minimal and, for organizations applying with sub-grantees, concentrated in the Grantee organization.
- Sub-grantees should identify Project Supervisors to coordinate IPC activities within their organizations; sub-grantees with small amounts of staff dedicated to the grant should consider assigning these duties to an individual who also performs IPC duties.
- Applicants with a large number of sub-grantee organizations or IPC staff within a region may want to consider appointing a Regional Project Manager to coordinate grant activities among sub-grantee partners within the region.

Please see Section 4.4 and Appendix II of the grant application for detailed descriptions of the above positions, as well as other non-IPC staff potentially appropriate for the grant project. For any additional positions proposed, the applicant must provide a detailed explanation as to how they will help efficiently execute the goals of the grant program.

Target Populations

Grantees are expected to engage with all individuals seeking health coverage, regardless of the coverage program they ultimately enroll in. Using the Get Covered Illinois website, IPCs are expected to work with consumers to apply for coverage through either the Marketplace or Medicaid. IPCs are also expected to assist small businesses with enrollment through the SHOP Marketplace. IPCs will conduct referrals to experts for other health programs, such as Medicare, or to agents or brokers as requested by consumers.

In general, adults with income under 138% of the Federal Poverty Level ((FPL), $16,105 for a single adult or $32,913 for an adult in a family of 4) may be eligible for the Illinois Medicaid program. Pregnant women and children may be eligible for the Medicaid or All Kids programs at higher income levels. Individuals with incomes above Medicaid levels are typically eligible for Marketplace coverage, and individuals and families with income below 400% FPL ($45,960 for a single individual and $94,200 for a family of 4) may be eligible for financial assistance with Marketplace plan premiums and/or cost-sharing requirements. Small businesses with 50 or fewer full-time equivalent employees are eligible for small group coverage through the SHOP Marketplace.

Grantees are expected to refine their messages and outreach activities in order to reach the Marketplace eligible population. Marketplace applicants must complete a longer enrollment process, may be more apprehensive about completing a purchase due to cost, and are typically confronted with more options than consumers under other programs. It is expected that IPCs and grantees expend the necessary effort to reach this population.

Certification

All In-Person Counselors and management personnel designated in the proposal and participating in grant activities through successful applicant organizations will be required to be certified and receive online training from the federal government and in-person training from the state's training partners at the University of Illinois at Chicago (UIC). Upon completion of the training, trainees will be required to demonstrate their knowledge of coverage options, eligibility rules, enrollment procedures, the needs of underserved and vulnerable populations, consumer assistance rules, conflict of interest standards, and privacy and security considerations through an examination; trainees will have three opportunities to pass each exam. Training will be free of charge for grantees. Travel costs associated with training are eligible for reimbursement through grant funding. The certification process is conducted through the Illinois Department of Insurance.

Certified individuals are required to pass a criminal background check, conducted by the Illinois State Police through a process designated by the State. The cost of the background check is a reimbursable grant expenditure—see Section 6.9 of the Grant Application Instructions. For prospective IPCs that are current employees, the background check must be submitted within 2 weeks of the grant award. For prospective IPCs that are new employees, background checks must be submitted within 2 weeks of the hiring date. Individuals

who are denied certification are ineligible to receive any funds under this Grant following such denial. IPCs who are already certified by the state must complete certificate renewal requirements only. Additionally, organizations working under the IPC program (lead grantee and sub grantees) must be certified by the Department of Insurance. Organizations apply for certification through the NIPR system and must also provide the state with a list of IPC working for their organization.

Job Postings

All postings for new positions funded through this grant must be provided to the Illinois Department of Employment Security's Illinois JobLink website; instructions for posting will be provided to successful applicants. This posting requirement in no way precludes grantee organizations from utilizing other means of advertising and soliciting applications for new positions. The program expects that organizations abide by Illinois wage laws and encourages base salaries that meet living wage standards.

Equipment; Collected Data; Intellectual Property

Organizations must have sufficient infrastructure to facilitate online submission of enrollment applications through the Marketplace or Medicaid, including: secure computers and secure internet access to facilitate online enrollment; scanners to assist potential enrollees with uploading copies of documents to the Marketplace online web portal; and printers. Except in rare instances, all enrollment applications assisted through the IPC program will be electronically submitted through the federal Marketplace or state Application for Benefits Eligibility (ABE) online portal. All collection, use and storage of PII arising as a result of the grantee's performance of its duties under this Grant must comply with the applicable federal privacy and security standards, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation). All PII obtained by a grantee under this Grant shall be the property of the State, may not be disclosed to third parties, and must be used by grantee solely for purposes of the grantee's performance of its duties under this Grant, and not for any secondary purpose. As a term and condition of a grant award, the State and federal HHS will retain a royalty-free, nonexclusive, irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for government purposes: (a) the copyright in any work developed under a grant, subgrant or contract under a grant or subgrant, and (b) any rights of copyright to which grantee, subgrantee, or a contractor purchases ownership with grant support.

Reporting

Grantees will be required to participate in regular calls and meetings with the state and other organizations providing application assistance and outreach services in order to share best practices and coordinate activities within common geographic regions.

Funded applicants will be required to abide by the grant agreement and submit progress reports and expenditure reports every two months. Additionally, Grantees will be required to fulfill all reporting requirements put forth by the Get Covered Illinois team. No consumer PII shall be electronically communicated to the State except through approved secure means.

Grantees will be required to also provide to provide updates in their progress reports of any additional funding as requested in "Section 3.4 - Grant Funding from Other Sources".

Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)

Protecting consumers' personally identifiable information is of great importance. Successful applicants will be required to demonstrate their ability to ensure consumers are protected. On or prior to Oct. 1, 2014, successful applicants will be required to submit to the HIM for approval:

1. Identity of the member of the IPC's staff that will be responsible for the IPC's compliance with applicable privacy and security regulations and policies;

2. A privacy and security risk assessment report;
3. Evidence of appropriate liability insurance covering privacy and security risk, naming the State as an additional insured; and
4. A plan to protect the privacy and security of consumers' personally identifiable information (PII) that includes a discussion of the following:

- How the applicant intends to comply with federal privacy and security standards and to use computers, including laptops or tablets, in accordance with the applicable federal privacy and security standards, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation); and

- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with applicable federal privacy and security standards.

- Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data.

- Process for ensuring that Marketplace applicants (1) are informed of the functions and responsibilities of IPCs; (2) provide authorization prior to an IPC's obtaining access to a Marketplace applicant's personally identifiable information[4]; and (3) may revoke at any time the authorization provided to the IPC.

- Process for establishing secure electronic transmission of consumer PII;

- Process for ensuring that any PII in the custody of IPC staff that is stored electronically is encrypted;

- Process for ensuring that any mobile devices used by IPC staff to process, transmit or store PII are secure (e.g., utilizing the NIST Configuration Checklists Program, http://csrc.nist.gov/groups/SNS/checklists/, http://web.nvd.nist.gov/view/ncp/repository);

- Process for providing the State prompt notice of the potential loss of any mobile devices used by IPC staff to process, transmit or store PII, or breach of (or unauthorized access to) the IPC's systems or records containing PII; and

- Process for transferring to the State all PII data collected by the IPCs as directed by the Marketplace and at the termination of the grant period.

Monthly security compliance checklists will be required from each IPC employed by any organization performing work under any grant agreements resulting from this solicitation, as well as from the Organization's director attesting on behalf of the organization.[5] Submission of these checklists will be required as a condition of payment.

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[4] The State will provide an appropriate form of consumer authorization for the IPCs use.
[5] The state will provide checklists for completion by all organizations.

VI. Grant Application Instructions

Checklist

Please complete all eight sections of this application packet on the Electronic Grant Application and Management System (EGrAMS).

❑ SECTION 1: Applicant Information

❑ SECTION 2: Organizational Eligibility

❑ SECTION 3: Applicant Grant History

❑ SECTION 4: Grant Project Scope of Work

❑ SECTION 5: Grant Project Work Plan

❑ SECTION 6: Grant Project Budget

❑ SECTION 7: Applicant Certification

❑ SECTION 8: Required Attachments

If __ALL__ forms are not completed and received by the Illinois Department of Public Health through the EGrAMS website by __5:00 PM CDT on Friday, August 1st__, the application will not be accepted.

Informational webinar for potential applicants:
Wednesday, July 10, 2014, at 1:00PM
Webinar Registration Link: Please visit the IDPH funding opportunities page at http://www.idph.state.il.us/fundop.htm. The webinar link will be made available shortly.

Illinois Department of Public Health
Affordable Care Act IPC Grant Program Application Instructions

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under the State Finance Act [30 ILCS 105/1 et. seq]. Failure to provide this information may prevent this application for funds from being processed.

The following information is for informational purposes only. Applications for this funding opportunity must be submitted through the Illinois Department of Public Health's Electronic Grant Application Management System (EGrAMS). The EGrAMS grant application will become available shortly after the release of this instructional document. Both the applicant organization and the individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Instructions for using EGrAMS are located in the Training Materials section of http://idphgrants.com.

SECTION 1. APPLICANT INFORMATION

1.1 Applicant Information

Legal (Applicant) Name				
Address:				
Address Line 2:				
City, State, Zip Code, Zip 2:				
Federal I.D. Number				
Reference Number (leave blank)				
AgencyFiscal Year (beginning month and day)				
Agency Type (Check One)	__ **Partnership**		__ **Real Estate Agent**	
	__ **Corporation**		__ **Governmental Entity**	
	__ **Not-for-Profit Corp.**		__ **Tax Exempt Organization**	
	__ **Medical Health Care Services Provider**		__ **Tax Exempt Organization (IRC 501[a] only)**	
	__ **Trust or Estate**			
Website:				
Telephone #				
Fax #				
Email				
Chief Officer Information				
Name				
Title				
Address				
City, State, Zip Code				
Telephone#, Fax #				
Email				
__ *Before proceeding, please verify that you have read the RFA instructions.*				

If applicable, list all Names and FEINs that are registered to your organization or have been registered during the last 3 years.	Names:		FEIN Numbers:	
Illinois Department of Human Rights Number (if applicable):				
Legislative Districts State Senator: State Representative: Congressional Representative:				

1.2 Lead Contact Information

Program Director: *(Please see Section 4.4, Key Staff, on the position requirements for Program Director)*				
EGrAMS Login				
Lead Address				
Lead Address 2				
City, State, Zip Code, Zip 2				
Telephone (Extension)				
Fax				
Email Address				
Designation/Title				
Attachment				

1.3 Regional Application

Regions Applying for *(Check all regions you are applying for)*	Region 01: _____ Region 02: _____ Region 03: _____ Region 04: _____ Region 05: _____ Region 06: _____ Region 07: _____ Region 08: _____ Region 09: _____ Region 10: _____
Will subcontractors be used under this grant application? If no, subgrantee information is not required.	Yes/No

Sub-grantee Organizations (if applicable) *(Please list all sub-grantee organizations for each region you are applying for)*	Region 01: _____ _____ Region 02: _____ _____ Region 03: _____ _____ Region 04: _____ _____ Region 05: _____ _____ Region 06: _____ _____ Region 07: _____ _____ Region 08: _____ _____ Region 09: _____ _____ Region 10: _____ _____
Please provide information for each Sub-Grantee organization *(List all participating organizations and which regions they will serve)*	Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone: Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone: Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone: Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone:

1.4 Project Information

Project Name:	Affordable Care Act IPC Grant Program 2015
Project Start Date	08/01/2014
Project End Date	04/15/2015
Total Grant Request *(Please provide the total grant request for each region applied for)*	Region 01: _____ Region 02: _____ Region 03: _____ Region 04: _____ Region 05: _____ Region 06: _____ Region 07: _____ Region 08: _____ Region 09: _____ Region 10: _____ **TOTAL:** _____
Total Project Cost *(Please include any in-kind or match dollars in the Total Project Cost amount).*	
Brief Project Description	
What is your organization's annual operating budget?	

SECTION 2. ORGANIZATIONAL ELIGIBILITY

2.1 Organizational Eligibility:

Applicants must be able to check "yes" to all of the following questions to be considered eligible to submit a project proposal:

1. Is the applicant organization capable of carrying out the following activities: 1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Health Insurance Marketplace; 2) Provide information and services in a fair, accurate and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs; 3) Facilitate selection of a QHP or, when appropriate, a public insurance plan; 4) Provide referrals to the Illinois Department of Insurance, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; 5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Health Insurance Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of IPA tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act; and 6) Maintain a physical presence in the Exchange service area, so that face-to-face assistance can be provided to applicants and enrollees? **Yes or No**

2. Does the applicant have existing relationships, or is it capable of readily establishing relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid? **Yes or No**

3. Is the applicant and each individual employee participating in activities funded under the grant, capable of meeting the certification standards prescribed within this application, including completing required training and passing a written test? **Yes or No**

4. Is the applicant and each individual employee participating in activities funded under the grant, free from any conflict of interest related to required grant activities? **Yes or No**

5. Is the applicant and each individual employee participating in activities funded under the grant, capable of complying with the privacy and security standards adopted by IDPH, Get Covered Illinois, and HHS, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation)? **Yes or No**

Applicants must be able to check "yes" to the following question, and the organization's authorized official must provide a signature acknowledging that answer, in order to be considered eligible to submit an application.

6. The applicant acknowledges that it is not one of the following: a health insurance or stop-loss insurance issuer; a subsidiary of a health insurance or stop-loss insurance issuer; or an association that includes members of, or lobbies on behalf of, the insurance industry; and will not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP. **Yes or No**

Official Name: _____   **Date:** _____

Applicants applying as a lead organization with sub-grantees must be able to check "yes" to the following questions to be considered eligible to submit an application. Applicants not applying as a lead organization with sub-grantees should check "No" for Question 1 and "N/A." for Questions 2 and 3:

1. Is the applicant applying as a lead organization? **Yes or no**

2. If the applicant is applying as a lead organization with sub-grantees, has it submitted documentation of its agreement with proposed sub-grantees, or a plan for developing such agreements? **Yes, No, or N/A**

3. If the applicant is applying as a lead organization with sub-grantees, do all proposed sub-grantees meet the organizational eligibility criteria (See "Section III. Eligible Applicants" of this application) for this grant? **Yes, No, or N/A**

SECTION 3. APPLICANT GRANT HISTORY

3.1 Description of Applicant Organization

Briefly describe the lead applicant organization *(500 Character Maximum)*

3.2 Description of Sub-Grantee Organizations

Briefly describe all Sub-grantee organizations by Region *(500 Character Maximum per organization)*

3.3 Federal and State of Illinois Funding

Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years?
☐   **YES**   ☐   **NO**
If yes, please upload a list of grants received to include: Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
How long has the applicant been incorporated?
Is the applicant in "good standing" with the Illinois Office of the Secretary of State?
☐   **YES**   ☐   **NO**

Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?

☐   **YES**   ☐   **NO**

If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible. *(1024 Character Maximum)*

Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change to the applicant's financial condition or materially and adversely affect applicant's operations?

☐   **YES**   ☐   **NO**

If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations. *(1024 Character Maximum)*

Does the applicant or any principal owe any debt to the State of Illinois?

☐   **YES**   ☐   **NO**

If yes, list the agency, amount of debt, and reason for the debt. Attach additional documentation to explain the debt owed to the state.

3.4 Grant Funding from Other Sources

Describe grant funding received from other sources, including state and local government agencies, as of 2014. Grantees will be required to provide updates on any new grant funding received during the grant period (See "Section V. Program Requirements, Reporting").

Grant Source	Agency/Name of Grant	Term of Grant	Funding
Federal			
State			
Local			
Other			
Other			
Total			

SECTION 4. GRANT PROJECT SCOPE OF WORK

4.1 Brief Description of Organization(s) History and Mission

4.2 Services by Region

The Get Covered Illinois team has delineated 10 geographic regions in which IPC organizations will provide outreach services under the program. Applicants applying as a single organization or with sub-grantee organizations will respond to each individual outreach region in which they wish to perform IPC services. Applicants will be evaluated on their responses on a region-by-region basis. Please review the geographic and demographic details for each region provided in Appendix I. The information provided in Appendix I is to guide your response based on the needs of uninsured populations in each outreach region.

Region 01 - Chicago South	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid

general public.	☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: N/A Cities/Townships: N/A Chicago Community Areas: 35 – Douglas 36 – Oakland 37 - Fuller Park 38 - Grand Boulevard 39 – Kenwood 40 - Washington Park 41 - Hyde Park 42 – Woodlawn 43 - South Shore 44 – Chatham 45 - Avalon Park 46 - South Chicago 47 – Burnside 48 - Calumet Heights 49 – Roseland 50 – Pullman 51 - South Deering 52 - East Side 53 - West Pullman 54 – Riverdale 55 – Hegewisch 56 - Garfield Ridge 62 - West Elsdon 63 - Gage Park 64 – Clearing 65 - West Lawn 66 - Chicago Lawn 67 - West Englewood 68 – Englewood 69 - Greater Grand Crossing 70 – Ashburn 71 - Auburn Gresham 72 – Beverly 73 - Washington Heights 74 - Mount Greenwood 75 - Morgan Park
Please list the total number of IPCs (all existing, if applicable, and newly hired)	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 02 - Chicago Central	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____

	☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: N/A Cities/Townships: N/A Chicago Community Areas: 08 - Near North Side 20 - Hermosa 21 - Avondale 22 - Logan Square 23 - Humboldt Park 24 - West Town 25 - Austin 26 - West Garfield Park 27 - East Garfield Park 28 - Near West Side 29 - North Lawndale 30 - South Lawndale 31 - Lower West Side 32 - Loop 33 - Near South Side 34 - Armour Square 57 - Archer Heights 58 - Brighton Park 59 - McKinley Park 60 - Bridgeport 61 - New City
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 03 - Chicago North	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations	

experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: N/A Cities/Townships: N/A Chicago Community Areas: 01 - Rogers Park 02 - West Ridge 03 - Uptown 04 - Lincoln Square 05 - North Center 06 - Lake View 07 - Lincoln Park 09 - Edison Park 10 - Norwood Park

	11 - Jefferson Park 12 - Forest Glen 13 - North Park 14 - Albany Park 15 - Portage Park 16 - Irving Park 17 - Dunning 18 - Montclare 19 - Belmont Cragin 76 - O'Hare 77 - Edgewater
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 04 – The Southland	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application	

assistance in this region for the target population(s) outlined in Appendix I:	

Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ D. Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties:　　　Will, Grundy, and suburban Cook Cities/Townships: Bloom Township (Cook) Bremen Township (Cook) Calumet Township (Cook) Lemont Township (Cook) Orland Township (Cook) Palos Township (Cook) Rich Township (Cook) Thornton Township (Cook) Worth Township (Cook) Chicago Community Areas:　　　N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 05 – Near Western Suburbs	
Please list all organizations that will be performing work within this Region:	

Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: DuPage Cities/Townships: Berwyn Township (Cook) Cicero Township (Cook) Lyons Township (Cook) Oak Park Township (Cook) Proviso Township (Cook) River Forest Township (Cook) Riverside Township (Cook) Stickney Township (Cook)

	Chicago Community Areas: N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 06 – Far Western Suburbs	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace

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☐ Specific ethnic, cultural, or linguistic groups (please list): _____

☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____

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<td>Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.</td>
<td>

Counties: Kane, Kendall, and McHenry

Cities/Townships:
Barrington Township (Cook)
Hanover Township (Cook)
Palatine Township (Cook)
Schaumburg Township (Cook)

Chicago Community Areas: N/A

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<tr>
<td>Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:</td>
<td>

Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____
Org. - _____   Existing IPCs - _____   New IPCs - _____   Areas Served - _____

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Region 07 – Northern Suburbs

Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and	

accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: Lake Cities/Townships: Elk Grove Township (Cook) Evanston Township (Cook) Leyden Township (Cook) Maine Township (Cook) New Trier Township (Cook) Niles Township (Cook) Northfield Township (Cook) Norwood Park Township (Cook) Wheeling Township (Cook) Chicago Community Areas: N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable.	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Please note that there is a minimum of 5 total full-time IPCs for each region served:	

Region 08 – Western Illinois	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please	Counties: County of Adams County of Boone

check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	County of Brown County of Bureau County of Carroll County of DeKalb County of Fulton County of Hancock County of Henderson County of Henry County of Jo Daviess County of Knox County of LaSalle County of Lee County of Marshall County of Mason County of McDonough County of Mercer County of Ogle County of Pike County of Putnam County of Rock Island County of Schuyler County of Stark County of Stephenson County of Warren County of Whiteside County of Winnebago Cities/Townships: N/A Chicago Community Areas: N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 09 – Central Illinois	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations	

experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: County of Champaign County of Christian County of Coles County of Cumberland County of De Witt County of Douglas County of Edgar County of Ford County of Iroquois County of Kankakee County of Livingston County of Logan County of Macon

	County of McLean County of Menard County of Moultrie County of Peoria County of Piatt County of Sangamon County of Shelby County of Tazewell County of Vermilion County of Woodford Cities/Townships: N/A Chicago Community Areas: N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

Region 10 – Southern Illinois	
Please list all organizations that will be performing work within this Region:	
Briefly describe your organization and any sub-grantee organizations experience working in this region:	
Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in this region:	
Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in this region:	
Describe what makes your	

organization and any sub-grantees well-suited to provide in-person application assistance in this region for the target population(s) outlined in Appendix I:	
Applicant(s) Proposal:	
Check the box corresponding to the population(s) that your organization(s) will assist in this region in addition to the general public.	☐ Individuals eligible for QHPs, financial assistance, and/or Medicaid ☐ Small employers eligible for participation in the Marketplace ☐ Specific ethnic, cultural, or linguistic groups (please list): _____ ☐ Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____
Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.	Counties: County of Alexander / County of Bond / County of Calhoun / County of Cass / County of Clark / County of Clay / County of Clinton / County of Crawford / County of Edwards / County of Effingham / County of Fayette / County of Franklin / County of Gallatin / County of Greene / County of Hamilton / County of Hardin / County of Jackson / County of Jasper / County of Jefferson / County of Jersey / County of Johnson / County of Lawrence / County of Macoupin / County of Madison / County of Marion / County of Massac / County of Monroe / County of Montgomery / County of Morgan / County of Perry / County of Pope / County of Pulaski / County of Randolph / County of Richland / County of Saline / County of Scott / County of St. Clair / County of Union / County of Wabash / County of Washington / County of Wayne / County of White / County of Williamson Cities/Townships: N/A Chicago Community Areas: N/A
Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for this region. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs for each region served:	Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____ Org. - _____ Existing IPCs - _____ New IPCs - _____ Areas Served - _____

> **Criteria for Scoring Proposals: The Services by Region section of the application (4.2) will be reviewed and scored according to the following criteria (25 points for all regions):**
>
> - The applicant organization currently works with the population in a particular region and demonstrates its current capacity for providing services and education opportunities.
> - Describes the organization's experience, expertise and previous accomplishments in providing application assistance for government programs or private health insurance. The applicant includes specific information about previous activities and strategies used to reach out to applicable populations.
> - Staffing structure is in accordance with guidelines presented in Section 4.4 of the application or provides a solid justification for any differences in structure.
> - The applicant organization is well suited to provide in-person application assistance and education about new coverage options to the intended population.

4.3 Project Narrative

Please provide detailed responses to each question based on the **specific outreach regions** you are applying to. Responses do not have to be on a region-by-region basis (aside from Question 2); however, they should address the specific needs and challenges of the regions included in the application.

1. Describe all strategies for identifying individuals and small employers in need of services.

2. Describe specific strategies for targeting populations for **each outreach region** your organization is applying for.

3. Describe strategies for enrolling consumers, including times and locations in which enrollment activities will be performed (including any non-traditional work hours accommodating the needs of the target population), types of events (regular "office hours" at familiar locations, special health fairs, booths/rooms at larger events, etc.).

4. Describe how you will address the unique needs of people eligible for coverage through the Marketplace, including explaining the terms of private insurance to populations that may have never had access and ensuring successful completion of enrollment.

5. Describe strategies for following up with consumers after enrollment to ensure proper utilization of coverage.

6. Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.

7. Describe how you will ensure that activities are culturally, linguistically and developmentally appropriate to the target population within the proposed project.

8. Include a clear description of your organization decision-making authority and structure, financial management experience, and provide evidence of its capacity to provide for the effective use of resources needed to conduct the project.

9. Describe any cultural, economic, or other factors that create barriers to delivering application assistance

to the proposed target population.

10. Given the barriers described in your answer to #9 above, describe your plan to deliver your programming in light of the described barriers.

> **Criteria for Scoring Proposals: The Project Narrative and Goals sections of the application (4.3 and 4.6) will be reviewed and scored according to the following criteria (40 points):**
>
> - The extent to which the applicant's plan to carry out the activities within a specific region is feasible and consistent with the stated purposes of the funding opportunity announcement.
> - The extent to which the applicant's plan is likely to achieve program goals.
> - Strategies to identify individuals and small employers in need of application assistance are realistic and demonstrate an expertise with the needs of the target population(s).
> - Strategies for working with the Marketplace eligible population and meeting consumers where and when they are available using culturally appropriate approaches are realistic, executable, and comprehensive.
> - Includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for or obtain the effective use of resources needed to conduct the project.
> - Factors that create barriers to delivering application assistance to the population are fully described and strategies to mitigate barriers are feasible.
> - The applicant is setting achievable goals for assistance that deliver strong value for the funding requested and align with grant guidelines.

4.4 Key Staff

It is suggested that organizations follow certain staffing guidelines for the 2015 IPC program. Any positions identified in the "Required Positions" section below must be filled by the agency. Any additional positions must be justified with a detailed list of job responsibilities and the full or part time status of the position.

Each IPC staff member that fails to obtain any required DOI certification is ineligible to receive any funds under this Grant following either (i) the expiration of any applicable time period for the successful receipt of such certification, or (ii) a final determination that such certification has been denied.

Required Positions:
1. All Grantees will be required to designate a **Program Director** to oversee *all regions* in which the organization and any sub-grantee organizations choose to provide services. The Project Director must be assigned from the Grantee. The Program Director will serve as the lead supervisor of all IPC operations.
   - 1 Position required; if applying with sub-grantee organizations, must be employed by Grantee
   - May be dedicated to the IPC grant project on a full-time or part-time basis depending on the needs of the applicant
2. A **Fiscal Manager** will be required to oversee all financial and grant management activities. The Fiscal Manager must be assigned from the Grantee.
   - Required position; if applying with sub-grantees, must be employed by the Grantee
   - May be dedicated to the IPC grant project on a full-time or part-time basis depending on the needs of the applicant
3. All **In-Person Counselors** will be dedicated to performing enrollment and outreach functions within a specific Region on a full-time basis.
   - Minimum of 5 positions per Region between Grantee and all sub-grantee organizations
   - Must be dedicated to the IPC grant project and serve a specific Region on a full-time basis.

Other optional staff members may be hired for grant activities with job duties outlined for each position and how objectives of the program will be fulfilled.

Example of optional position:

Job Title:	Administrative Coordinator
Justification:	An **Administrative Coordinator** is needed for the effective implementation of this program because _____.
# of Positions:	1
Outreach Region:	6, Far-Western Suburbs
Status Requirement:	Full-Time
Duties and Responsibilities:	- Support activities related to grant and metrics reporting - Support outreach / enrollment event planning and reporting

Please note this example is for illustrative purposes only - your organization may wish to submit a request to fund other/different optional positions, but must provide the information requested for each.

Be sure to include the desired qualifications/requirements of staff hired to perform grant activities. If current employees will perform grant activities, describe the qualifications and skills of current staff, including language and cultural competencies specific to target populations (do not attach resumes or CVs). Identify a timeline for the hiring of any new employees who will be performing grant activities, and recruitment strategies for each position. Information in this table (including staff names, number of IPCs, etc.) should match that provided in previous areas of the application.

Position	Name	New Employee (Yes or No)	Qualification Requirements	Hiring Timeline	Currently Certified (Yes or No)

How many new positions is the organization creating as a result of this grant? How many of these positions are full-time and part-time?

Please provide a detailed list of job responsibilities for all positions. Be sure to include number of staff for each position, the region served and how many hours each employee will be dedicating to this program.

Criteria for Scoring Proposals: The Key Staff, Project Management Structure, and Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII) sections of the application (4.4, 4.5, and 4.7) will be reviewed and scored according to the following criteria (15 points):

- Staffing structure is in accordance with guidelines presented in Section 4.4 of the application or provides a solid justification for any differences in structure.
- Key Staff are clearly identified (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project). The application provides the name of the person employed in each position or notes that the position is vacant.
- Demonstrates experienced, strong project leadership, including executive sponsorship, governance structures and functions, decision-making processes, dedicated coordinator, point-of-contact for the project and ability to oversee financial and reporting relationships among all partners.
- Identified staff members are experienced and capable of performing required duties.
- Applicant demonstrates a clear management structure and system for accountability within the organization and between Lead Grantees and sub-grantee organizations.

Please attach a chart describing in detail the organizational structure of all staff participating in the grant program, including the relationship of the lead grantee and sub-grantees.

Please provide a detailed program chart which maps all of the positions of all participating Lead Grantee and sub-grantee organizations. The chart should indicate hierarchy and full-time and part-time status of each employee.

_____

4.5 Project Management Structure

1. Describe the extent to which the project management structure and design will enable accountability, including a plan for preventing and, should it become necessary, addressing any misconduct.

2. Describe the organization's capacity to collect and report on performance measures to monitor progress.

3. (If applicable) If applying as a Grantee with sub-grantee organizations, describe the organization's capacity to oversee the activities of sub-grantees and manage all financial relationships. How will sub-grantee organizations be held accountable for metrics (See Appendix IV), performance and compliance?

4.6 Goals

For each of the metrics provided below, please propose weekly goals that your organization is capable of meeting under this program. Each goal should be in numeric form and reported on a per-full-time IPC basis. The metrics are divided into two categories based on the program phases. Proposed goals will be taken into consideration during the application process. However, statewide standards for these metrics will be determined by the Get Covered Illinois team and monitored throughout the grant period. Grantees will be held accountable to Get Covered Illinois standards prescribed during the appropriate campaign phase. Please see Appendix IV for more information on the metrics below.

Before/After Open Enrollment

Metric	# Per-IPC, Per-Week	# IPCs	Per-Week Total
Number of Valid RFI Cards Collected			
Number of Face-to-Face Interactions with Consumers			
Number of One-on-Ones with Community Stakeholders			
Number of Educational Presentations Held			
Number of Visibility Events			
ABE applications – incomplete			
Marketplace applications – incomplete			
ABE applications completed			
Marketplace applications completed			
Number of Chase Calls Made			
Number of Posted, Out-of-Office Enrollment Events			
Number of Posted, Out-of-Office Education Events			
ACA Consumer Success Story Submitted			
Number of Clients assisted in post enrollment activities			

During Open Enrollment

Metric	# Per-IPC, Per-Week	# IPCs	Per-Week Total
Number of Valid RFI Cards Collected			
Number of Face-to-Face Interactions with Consumers			
Number of One-on-Ones with Community Stakeholders			
Number of Educational Presentations Held			
Number of Visibility Events			
ABE applications – incomplete			
Marketplace applications – incomplete			
ABE applications completed			
Marketplace applications completed			
Number of Chase Calls Made			

Number of Posted, Out-of-Office Enrollment Events			
Number of Posted, Out-of-Office Education Events			
ACA Consumer Success Story Submitted			
Number of Clients assisted in post enrollment activities			

> **Criteria for Scoring Proposals: The Project Narrative and Goals sections of the application (4.3 and 4.6) will be reviewed and scored according to the following criteria (40 points):**
>
> - The extent to which the applicant's plan to carry out the activities within a specific region is feasible and consistent with the stated purposes of the funding opportunity announcement.
> - The extent to which the applicant's plan is likely to achieve program goals.
> - Strategies to identify individuals and small employers in need of application assistance are realistic and demonstrate an expertise with the needs of the target population(s).
> - Strategies for working with the Marketplace eligible population and meeting consumers where and when they are available using culturally appropriate approaches are realistic, executable, and comprehensive.
> - Includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for or obtain the effective use of resources needed to conduct the project.
> - Factors that create barriers to delivering application assistance to the population are fully described and strategies to mitigate barriers are feasible.
> - The applicant is setting achievable goals for assistance that deliver strong value for the funding requested and align with grant guidelines.

4.7 Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)

For each of the requirements in this section, indicate your understanding of the requirement, that your organization and its employees will be responsible for complying with the requirements, and that any subcontractors performing work under any resulting contract will be held to the same requirements.

Applicant has read 45 CFR 155.260 (see Appendix III for a web link to this regulation)	☐
Applicant agrees to comply with 45 CFR 155.260, Get Covered Illinois Security Policies, and other applicable Privacy and Security requirements.	☐
Applicant agrees to only store and transmit PII securely.	☐
Applicant agrees to encrypt all PII stored electronically.	☐
Applicant agrees to use a State- provided or applicant- provided secure email service for transmission of PII.	☐
Applicant agrees to use consumer data collected only for purposes authorized by Get Covered Illinois.	☐
Applicant agrees to transfer consumer data collected to Get Covered Illinois as directed by the Marketplace and at the termination of the grant period.	☐
Applicant agrees to return to the consumer or destroy after scanning all documents provided by	☐

consumers.

SECTION 5. GRANT PROJECT WORK PLAN

Please provide objective and activity statements in the format below. All objectives should be specific, measurable, attainable, relevant, and time-sensitive (SMART). For example: "By February 15, 2015, complete XX number of educational events to enroll individuals." Activities should describe specific tasks needed to complete each objective. The Work Plan should be organized as follows.

Objective 1: By X date, increase the number of people in Region XX enrolled in health insurance from X to Y.				
Activity 1	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Activity 2	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Objective 2: By X date, increase the number of certified Navigators from X to Y.				
Activity 1	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Activity 2	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Objective 3: By X date, develop reporting operations for required quarterly grant fiscal and progress reports as well as project metrics.				
Activity 1	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Activity 2	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Objective 4: By X date, develop and submit an outreach and communication plan for Region XX.				
Activity 1	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**
Activity 2	**Responsible Staff**	**Date or Date Range**	**Expected Outcome (If Applicable)**	**Measurement (If Applicable)**

Criteria for Scoring Proposals: The Work Plan section of the application will be reviewed and scored according to the following criteria (10 Points):
- Includes a complete and reasonable timeline of activities that incorporates the strategies presented in the application and accurately reflects the goals of the grant program.
- The links between activities, objectives, and outcomes are logical and reflect the broader narrative of the application.
- The entirety of the project as presented in the broader application is documented in a coherent fashion within the Work Plan.

SECTION 6. GRANT PROJECT BUDGET

Totals for each item, category, and for the overall request will be calculated by the EGrAMS system.

6.1 Personal Services (Salaries and Wages)

Please reference section 4.4. Key Staff and Appendix II before completing this section. Organizations are required to provide staffing on a region-by-region basis in accordance with the guidelines provided.

Please indicate in the Narrative the type of documentation that will be maintained and used to allocate staff costs to the grant (e.g., time sheets, cost allocation plans, certifications of time allocable to grant, other (please describe), not applicable to this grant application). If applicable, cash and in-kind contributions from applicant organization should be identified. No IPC staff may receive any funds provided under this Grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis.

Please complete the budget detail below using 'Quantity' (QTY) for the projected monthly salary, 'Rate' for the percentage of time on the grant (expressed as a decimal (0.0-1.0)), and 'Units' for the number of months in each year. Applicants should note that all Program Director, Regional Project Manager, Program Supervisor, and IPC positions should be full-time. The Unit of Measure (UoM) should be set to Month (MTH) for this expense category (note that the maximum unit quantity under this grant is 9.5, corresponding to the length of the grant period in months). Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the applicant meet the goals of the grant program.

REGION 01							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

REGION 02							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

REGION 03

Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

REGION 04							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Regional Project Manager (if applicable)							
Program Supervisor							
IPC							
Total:							

REGION 05							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

REGION 06							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind

Total:							

REGION 07							
Staff Name	**Qty**	**Rate**	**Units**	**UoM**	**Total**	**Amount Requested**	**In-kind**
Total:							

REGION 08							
Staff Name	**Qty**	**Rate**	**Units**	**UoM**	**Total**	**Amount Requested**	**In-kind**
Total:							

REGION 09							
Staff Name	**Qty**	**Rate**	**Units**	**UoM**	**Total**	**Amount Requested**	**In-kind**
Total:							

REGION 10							
Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

6.2 Fringe Benefits

Each expense category will be required to be completed on a region by region basis.

Fringe benefits should be relative to the salaries provided in section 6.1 and consistent with benefits provided and method of determination for your organization.

If the proposed budget includes Fringe Benefits costs, please indicate in the narrative the type of documentation that will be maintained and used to allocate fringe benefits. If applicable, cash and in-kind contributions from applicant organization should be identified.

Please complete the budget detail below using 'Percent' to indicate the percentage of the total salary (for all staff) indicated by the 'Unit' amount.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Percent	Units	Total	Amount Requested	In-kind
Total:					

6.3 Contractual Costs

Each expense category will be required to be completed on a region by region basis.

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.4 Travel Costs

Each expense category will be required to be completed on a region by region basis.

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should budget travel and accommodations for three days of in-state training for each staff member who will participate in activities related to enrollment in health coverage.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.5 Commodities/Supplies Costs

Each expense category will be required to be completed on a region by region basis.

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. Items of information technology hardware and software should be identified in section 6.6 below, even if having a useful life of less than one year and a cost of under $5,000.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.6 Printing Costs

Each expense category will be required to be completed on a region by region basis.

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.7 Equipment Expenses

Each expense category will be required to be completed on a region by region basis.

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, that may therefore be classified as supplies, must still be individually tagged and recorded in an equipment log provided by the State.

Get Covered Illinois believes that each IPC will be required to have access to the following equipment when away from the IPC organization's office:

- Laptop or Tablet
- Portable Scanner
- Portable Phone
- MIFI or Wi-Fi Hotspot or air card time

Please describe the Equipment the IPC entity and its IPC staff intends to use to perform its obligations under this Grant; for Equipment whose use is acquired under this Grant, please indicate the equipment needed and the grant expense in the 'Amount' field. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. All Grantees will be required to follow certain Equipment specifications, configurations, and software requirements, and privacy and security standards and guidelines in regards to Equipment and data collected as prescribed by IDPH and the GCI team.

Applicant must provide a written justification for any additional equipment request, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.8 Telecommunications Costs

Each expense category will be required to be completed on a region by region basis.

Each IPC will be required to have the following equipment:
- Portable Phone
- MIFI or Wi-Fi Hotspot or air card time

Please complete the budget detail below using 'Quantity' (QTY) for the number of units and 'Rate' for the projected cost per unit (without duplication of costs reflected in 6.7 above). If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. All Grantees will be required to follow certain security standards and guidelines in regards to Telecommunications Equipment as prescribed by IDPH and the GCI team.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	In-kind
Total:						

6.9 Administrative Costs

Each expense category will be required to be completed on a region by region basis.

Please complete the budget detail below using 'Quantity' (QTY) for the number of units and 'Rate' for the projected cost per unit. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should include the cost of a criminal background check for each employee working on grant activities in this section. Applicants must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	In-kind
Total:						

Criteria for Scoring Proposals: The Project Budget and Project Budget Narrative section of the application (6.1-6.10) will be reviewed and scored according to the following criteria (10 Points):
- The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities.
- The appropriate sections are completed on a region-by-region basis.
- Staffing structure is in accordance with guidelines presented in Section 4.4 of the application or provides a solid justification for any differences in structure.
- The costs projected for the proposed activities and staffing level are reasonable, justified, and in line with project goals.

SECTION 7. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete.

I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I hereby release to IDPH the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

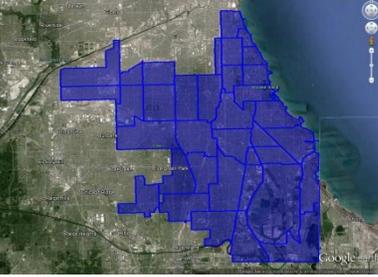| Date	Signature	Printed Name/Title

SECTION 8. REQUIRED ATTACHMENTS

1. The organization is required to attach its W-9 form.

2. The organization is required to attach its latest audit report. If no such report is available, please attach an explanation. *(1024 Character Maximum)*

3. If Applicable: If organization has applied for funding under another ACA enrollment program (HHS Navigator program, HRSA Education and Outreach program, etc.), please attach an explanation of all activities in which requested funding overlaps with this funding opportunity.

4. If Applicable: If organization has applied for funding under another ACA enrollment program (HHS Navigator program, HRSA Education and Outreach program, etc.), please attach Project Narrative or similar document.

Overview of Outreach Regions

All Uninsured Characteristics are derived from U.S. Census Bureau data.

Region 01 - Chicago South	
	Region Overview
Description:	Region 01 contains the southern part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.
Counties:	County of Cook
Cities/Townships:	City of Chicago
Chicago Community Areas:	35 – Douglas 36 – Oakland 37 - Fuller Park 38 - Grand Boulevard 39 – Kenwood 40 - Washington Park 41 - Hyde Park 42 – Woodlawn 43 - South Shore 44 – Chatham 45 - Avalon Park 46 - South Chicago 47 – Burnside 48 - Calumet Heights 49 – Roseland 50 – Pullman 51 - South Deering 52 - East Side 53 - West Pullman 54 – Riverdale 55 – Hegewisch 56 - Garfield Ridge 62 - West Elsdon 63 - Gage Park 64 – Clearing 65 - West Lawn 66 - Chicago Lawn 67 - West Englewood 68 – Englewood 69 - Greater Grand Crossing 70 – Ashburn 71 - Auburn Gresham 72 – Beverly 73 - Washington Heights 74 - Mount Greenwood 75 - Morgan Park
Uninsured Characteristics:	Estimated Total: 162,642 Less than 138% FPL: 79,866 139-400% FPL: 65,296 More than 401% FPL: 17,480 Age 26 – 34: 34,937

		Male: 85,552
		Female: 77,091
		Asian: 2,295
		Black: 102,132
		Latino: 46,511
		White: 10,433
		Other: 1,174

Region 02 – Chicago Central

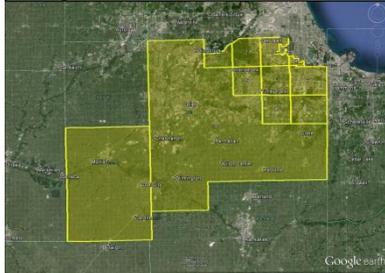|	Region Overview	
Description:	Region 2 contains the central part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.	
Counties:	N/A	
Cities/Townships:	N/A	
Chicago Community Areas:	08 - Near North Side 20 - Hermosa 21 - Avondale 22 - Logan Square 23 - Humboldt Park 24 - West Town 25 - Austin 26 - West Garfield Park 27 - East Garfield Park 28 - Near West Side 29 - North Lawndale 30 - South Lawndale 31 - Lower West Side 32 - Loop 33 - Near South Side 34 - Armour Square 57 - Archer Heights 58 - Brighton Park 59 - McKinley Park 60 - Bridgeport 61 - New City	
Uninsured Characteristics:	Estimated Total: 185,154 Less than 138% FPL: 91,370 139-400% FPL: 80,063 More than 401% FPL: 13,722 Age 26 – 34: 49,975 Male: 106,216 Female: 78,939 Asian: 11,833 Black: 48,131 Latino: 99,291 White: 24,742 Other: 1,159	

| Region 03 – Chicago North	
	Region Overview
	Description:	Region 3 contains the northern part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.
	Counties:	N/A
	Cities/Townships:	N/A
	Chicago Community Areas:	01 - Rogers Park 02 - West Ridge 03 - Uptown 04 - Lincoln Square 05 - North Center 06 - Lake View 07 - Lincoln Park 09 - Edison Park 10 - Norwood Park 11 - Jefferson Park 12 - Forest Glen 13 - North Park 14 - Albany Park 15 - Portage Park 16 - Irving Park 17 - Dunning 18 - Montclare 19 - Belmont Cragin 76 - O'Hare 77 - Edgewater
	Uninsured Characteristics:	Estimated Total: 158,544 Less than 138% FPL: 63,833 139-400% FPL: 75,345 More than 401% FPL: 19,367 Age 26 – 34: 45,412 Male: 90,186 Female: 68,358 Asian: 15,810 Black: 14,046 Latino: 64,720 White: 60,586 Other: 3,384

Region 04 – The Southland

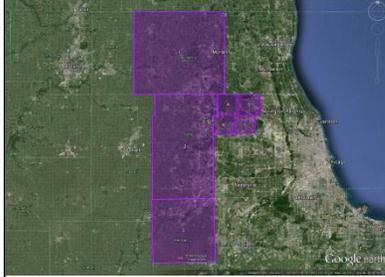| Region Overview	
Description:	Region 4 contains Will, Grundy, and suburban Cook counties in the southern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts
Counties:	Will, Grundy, and suburban Cook
Cities/Townships:	Bloom Township (Cook) Bremen Township (Cook) Calumet Township (Cook) Lemont Township (Cook) Orland Township (Cook) Palos Township (Cook) Rich Township (Cook) Thornton Township (Cook) Worth Township (Cook)
Chicago Community Areas:	N/A
Uninsured Characteristics:	Estimated Total: 159,124 Less than 138% FPL: 54,289 139-400% FPL: 76,840 More than 401% FPL: 27,996 Age 26 – 34: 42,896 Male: 90,599 Female: 68,525 Asian: 5,187 Black: 49,925 Latino: 37,683 White: 63,973 Other: 2,357

Region 05 – Near Western Suburbs
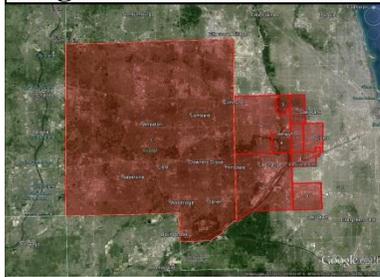
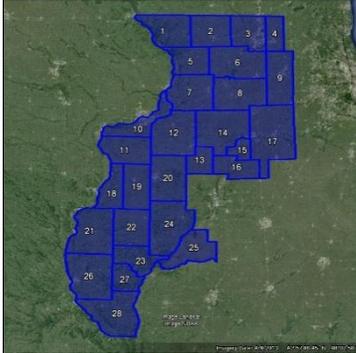|	Region Overview	
Description:	Region 5 contains DuPage and suburban Cook counties in the western suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.	
Counties:	DuPage and suburban Cook	
Cities/Townships:	Berwyn Township (Cook) Cicero Township (Cook) Lyons Township (Cook) Oak Park Township (Cook) Proviso Township (Cook) River Forest Township (Cook) Riverside Township (Cook) Stickney Township (Cook)	
Chicago Community Areas:	N/A	
Uninsured Characteristics:	Estimated Total: 155,558 Less than 138% FPL: 50,740 139-400% FPL: 80,988 More than 401% FPL: 23,830 Age 26 – 34: 43,989 Male: 86,353 Female: 69,205 Asian: 9,733 Black: 17,077 Latino: 70,264 White: 56,802 Other: 1,683	

Region 06 – Far Western Suburbs

	Region Overview	
Description:	Region 6 contains Kane, Kendall, McHenry, and suburban Cook counties in the western / northwestern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.	
Counties:	Kane, Kendall, McHenry, and suburban Cook	
Cities/Townships:	Barrington Township (Cook) Hanover Township (Cook) Palatine Township (Cook) Schaumburg Township (Cook)	
Chicago Community Areas:	N/A	
Uninsured Characteristics:	Estimated Total: 134,464 Less than 138% FPL: 45,450 139-400% FPL: 68,065 More than 401% FPL: 20,949 Age 26 – 34: 36,869 Male: 75,117 Female: 59,347 Asian: 8,986 Black: 6,273 Latino: 69,935 White: 47,830 Other: 1,441	

Region 07 – Northern Suburbs

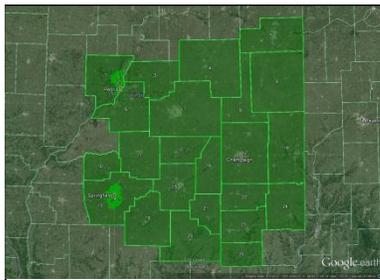|	Region Overview	
Description:	Region 7 contains Lake and suburban Cook counties in the northern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.	
Counties:	Lake and suburban Cook	
Cities/Townships:	Elk Grove Township (Cook) Evanston Township (Cook) Leyden Township (Cook) Maine Township (Cook) New Trier Township (Cook) Niles Township (Cook) Northfield Township (Cook) Norwood Park Township (Cook) Wheeling Township (Cook)	
Chicago Community Areas:	N/A	
Uninsured Characteristics:	Estimated Total: 171,562 Less than 138% FPL: 60,192 139-400% FPL: 84,722 More than 401% FPL: 26,649 Age 26 – 34: 44,390 Male: 96,507 Female: 75,055 Asian: 16,601 Black: 9,793 Latino: 67,980 White: 74,492 Other: 2,697	

Region 08 – Western Illinois

	Region Overview	
	Region Overview	
	Description:	Region 8 contains multiple counties as listed below in the Western part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
	Counties:	County of Adams County of Boone County of Brown County of Bureau County of Carroll County of DeKalb County of Fulton County of Hancock County of Henderson County of Henry County of Jo Daviess County of Knox County of LaSalle County of Lee County of Marshall County of Mason County of McDonough County of Mercer County of Ogle County of Pike County of Putnam County of Rock Island County of Schuyler County of Stark County of Stephenson County of Warren County of Whiteside County of Winnebago
	Cities/Townships:	N/A
	Chicago Community Areas:	N/A
	Uninsured Characteristics:	Estimated Total: 131,069 Less than 138% FPL: 56,498 139-400% FPL: 62,204 More than 401% FPL: 12,367 Age 26 – 34: 28,340 Male: 75,507 Female: 55,562 Asian: 832 Black: 8,813 Latino: 22,562 White: 96,541 Other: 2,322

Region 09 – Central Illinois

Region Overview	
Description:	Region 9 contains multiple counties as listed below in the Central part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
Counties:	County of Champaign County of Christian County of Coles County of Cumberland County of De Witt County of Douglas County of Edgar County of Ford County of Iroquois County of Kankakee County of Livingston County of Logan County of Macon County of McLean County of Menard County of Moultrie County of Peoria County of Piatt County of Sangamon County of Shelby County of Tazewell County of Vermilion County of Woodford
Cities/Townships:	N/A
Chicago Community Areas:	N/A
Uninsured Characteristics:	Estimated Total: 140,531 Less than 138% FPL: 62,284 139-400% FPL: 63,156 More than 401% FPL: 15,091 Age 26 – 34: 31,774 Male: 81,454 Female: 59,077 Asian: 3,685 Black: 21,322 Latino: 9,179 White: 103,969 Other: 2,377

Region 10 – Southern Illinois

	Region Overview	
	Description:	Region 10 contains multiple counties as listed below in the Southern part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
	Counties:	County of Alexander / County of Bond / County of Calhoun / County of Cass / County of Clark / County of Clay / County of Clinton / County of Crawford / County of Edwards / County of Effingham / County of Fayette / County of Franklin / County of Gallatin / County of Greene / County of Hamilton / County of Hardin / County of Jackson / County of Jasper / County of Jefferson / County of Jersey / County of Johnson / County of Lawrence / County of Macoupin / County of Madison / County of Marion / County of Massac / County of Monroe / County of Montgomery / County of Morgan / County of Perry / County of Pope / County of Pulaski / County of Randolph / County of Richland / County of Saline / County of Scott / County of St. Clair / County of Union / County of Wabash / County of Washington / County of Wayne / County of White / County of Williamson
	Cities/Townships:	N/A
	Chicago Community Areas:	N/A
	Uninsured Characteristics:	Estimated Total: 129,593 Less than 138% FPL: 54,403 139-400% FPL: 60,946 More than 401% FPL: 14,244 Age 26 – 34: 28,383 Male: 72,543 Female: 57,049 Asian: 916 Black: 18,861 Latino: 5,520 White: 102,700 Other: 1,596

Please review the following suggested job positions approved for the 2015 IPC grant program.

Job Title:	IPC (also known as In-Person Counselor)
Overview:	All **In-Person Counselors** will serve on a full-time basis. IPCs are responsible for conducting outreach and enrollment activities and must be certified by the Illinois Department of Public Health.
Allotted Positions:	Based on Organization Proposal
Status Requirement:	Full-Time
Project Period	July 2014 – April 2015

Duties and Responsibilities:	- Complete and maintain certification for the duration of employment under this position
	
	- Maintain expertise in eligibility, enrollment, and program requirements
	
	- Conduct public education activities to raise awareness about the Get Covered Illinois, Illinois Medicaid and utilization of health coverage
	
	    - Examples of required outreach and educational activities include but are not limited to:
	
	        • Canvassing local communities and small businesses
	        • Lead generation
	        • Data Entry of Lead Generation
	        • Educational Presentations
	        • Visibility and Tabling Events
	        • Stakeholder Engagement
	
	- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge all health benefit programs
	
	- Facilitate selection of a QHP or, when appropriate, a public insurance plan
	
	- Provide referrals to the Illinois Department of Insurance, or any other appropriate State agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage
	
	- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by Get Covered Illinois at no cost to those individuals, including individuals with limited English proficiency, and ensure accessibility and usability of IPC tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
	
	- Maintain a work schedule that meets the needs of the population being served.
	
	- Report required information to necessary staff related to enrollment numbers, appointment, outreach activities, and other metrics as necessary.

Suggested Salary	$2,800-4,200/month; Monthly In-Person Counselor salaries must be

Range:	determined on the basis of comparable positions within each organization and regional wages. If any IPC salaries are proposed above the suggested range, the applicant should provide a detailed explanation.

Job Title:	**Program Director**
Overview:	All Grantees will be required to designate a **Project Director** to oversee *all regions* the organization chooses to provide services. The Project Director must be assigned from the Grantee. The Project Director will serve as the lead supervisor of all IPC operations.
Allotted Positions:	1 overall
Status Requirement:	Full-Time or Part-Time
Project Period	July 2014 – April 2015
Duties and Responsibilities:	- Manage sub-grantee organizations within all regions to ensure that project goals are being met - Responsible for metrics and reporting requirements set by the Get Covered Illinois team and the Illinois Department of Public Health - Ensure that hours of operation and activities requirements are being met in all regions. - Participate in calls, webinars, email communication, as needed - Engage with state agency staff - Ensure that certification requirements are met by all individuals expected to be certified under the grant (all In Person Counselors and Program Managers). - If no Regional Project Managers are assigned under the grant, coordinate outreach/enrollment events for assigned region and report through process designated by the state.

Job Title:	**Fiscal Manager**
Overview:	A **Fiscal Manager** will be required to oversee all financial and grant management activities. The Fiscal Manager must be assigned from the Grantee.
Allotted Positions:	Up to 1 overall
Status Requirement:	Full-Time or Part-Time
Project Period	July 2014 – April 2015
Duties and Responsibilities:	- Oversee all financial and grant management activities for the In-Person Counselor program - Fulfill all reporting requirements on a timely basis as required by the Get Covered Illinois team and IDPH - Establish and manage grant oversight program for Grantee organization and any sub-grantee organizations - Coordinate with IDPH, as necessary, on grant procedures, processes, and

	requirements. - Establish and implement appropriate tracking controls to ensure compliance with grant guidelines and requirements

APPENDIX III

Federal regulations governing this program can be viewed online at the following location:
http://www.ecfr.gov/cgi-bin/searchECFR?idno=45&q1=155&rgn1=PARTNBR&op2=and&q2=&rgn2=Part

- o See 155.205 and 155.210 for program standards
- o See 155.215 for training and conflict-of-interest standards
- o See 155.260 for privacy and security requirements

The current federal privacy and security standards governing this program can be viewed online at:
http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/privacy-and-security-terms-and-conditions-6-4-14.pdf.

APPENDIX IV

Key Metrics – Outreach and Education Tactics

Number of Valid RFI Cards Collected: The number of valid Request For Information cards all IPCs have collected during the week. Valid RFI cards have contact information boxes filled out legibly and accurately. Blank RFI cards are distributed to successful grantee organizations for their use.

Number of One-on-Ones with Community Stakeholders: The number of meetings or calls conducted by all IPCs with key community leaders during the week.

Number of Out-of-Office Enrollment Events: The number of out-of-office enrollment events the organization has conducted during the week. Events must be at locations outside of the offices of IPC staff. They can be held at community centers, libraries, or other spaces accessible to the general public.

Consumer Success Story Submitted: Successful grantees will submit consumer stories on a weekly basis to the Get Covered Illinois team. These stories will be used for marketing purposes.

*Defining Complete vs. Incomplete Applications: Complete means the consumer has selected a plan by clicking "SUBMIT" in the physical presence of the IPC. Clicking "SUBMIT" for an **eligibility determination** does not mean completed. Complete means the consumer has nothing left to do but:

- Pay their first month's premium (if Marketplace application) -OR-
- Be contacted by the state (if ABE application)

Incomplete means the consumer has not submitted their plan selection. Incomplete applications require regular I

follow up, such as chase calls.

ABE Applications (incomplete): The number of ABE applications started but not submitted by all IPCs for the week.

Marketplace Applications (incomplete): The number of Healthcare.gov applications started but not submitted by all IPCs for the week.

ABE Applications (complete): The number of applications successfully submitted by all IPCs for the week.

Marketplace Applications (complete): The number of Healthcare.gov applications successfully submitted by all IPCs for the week.

APPENDIX V

Key Changes in the IPC Grant Application

Section I – Background Information:

- Added information from the recent Final Rule on Market Standards for 2015 and Beyond on organizational duties
- Includes requirement to provide an operational presence in the regions that an organization is applying for

Section II – Period of Performance:

- Shorter performance period with an option of renewal

Section III – Eligible Applicants:

- Requires applicants to operate by regions and submit information region-by-region within a single application.
- Individual organizations may only appear on one application
- Reiterates focus on serving the general population as opposed to specific, targeted populations
- Updated prohibited activities based on Final Rule on Market Standards for 2015 and Beyond
- Allows organizations to apply and receive a grant through the federal Navigator program but does not allow an individual IPC and Navigator to be paid by both programs (must have a distinct staff).

Section IV – Available Funding:

- Describes the regional focus of the application. Applicants must provide information on a region-by-region basis.
- Grant funds may not be used for institutional, organizational, or community-based overhead costs not directly related to grant objectives.
- No IPC staff may receive any funds under this grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis.

Section V – Program Requirements:

- Includes examples of expected outreach and education activities
- Requires IPCs to be available to work evening and weekend hours.
- Sets out suggested parameters for staffing structure and key staff positions, including a minimum of 5 IPCs operating per-region on a full-time basis.
- Requires Program Managers to be certified.
- Quarterly progress reports and monthly expenditure reports are due every two months, with additional reporting requirements to the Get Covered Illinois team on a regular basis.
- Provides additional information on ensuring privacy and security of consumers' personally identifiable information.