



Joe Lombardo  
Governor

**NEVADA HEALTH AUTHORITY**  
**DIVISION OF CONSUMER HEALTH SERVICES**  
**SILVER STATE HEALTH INSURANCE EXCHANGE**

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 Carson City, NV 89701  
[NEVADAHEALTHLINK.COM](http://NEVADAHEALTHLINK.COM)



Stacie Weeks, Director



Jennifer Krupp, Administrator  
 Division of Consumer Health

**APPENDIX A – PROPOSAL CONTENT**

Applicants **must** provide an answer for each question in each section of the proposal. Failure to do so may result in disqualification. If a question does not apply to your organization or your proposal, you must note “Not applicable.”

Font must be Times New Roman or Arial in 12-point size. Margins must match that of the template. Responses may be single-spaced, but double-spacing should be used between questions for ease of reading

**1. APPLICANT INFORMATION**

<b>Entity Name</b>	
<b>Legal Name</b>	
<b>Also Known As</b>	
<b>Physical Business Address</b>	
<b>City, State, Zip Code</b>	
<b>Main Entity Phone</b>	
<b>Main Entity Fax</b>	
<b>Email Address</b>	
<b>Website Address</b>	
<b>Tax Identification Number</b>	
<b>Primary Contact, Land and Cell Phone Numbers, Email</b>	
<b>Primary Contact, Land and Cell Phone Numbers, Email</b>	

## 2. SERVICES TO BE PROVIDED

- a. Provide a detailed description of the services you currently provide and any services that will be expanded, enhanced, or newly offered through this award. Do you currently attend marketing and outreach events?
  - If so, how many events would you estimate monthly?
  - What type of events do you attend?
- b. Describe your current marketing and outreach channels, including:
  - social media platforms, events, websites, newsletters, or other communication methods.
- c. **If applicable**, provide examples of successful past marketing efforts and include any available metrics, such as reach, engagement, attendance, or conversion results.

## 3. POPULATION TO BE SERVED

- a. What are the demographic populations you plan to reach? In your response, please include:
  - The specific target populations and areas to be served
  - The steps and methods you will use to identify, verify, and document the target populations served
  - Any community partners, organizations, referral sources, or other resources that will support your outreach and service effort

## 4. FISCAL CONTROLS

- a. How will you ensure compliance with award instructions and requirements, as well as other documents associated with these award funds?
- b. Provide a list of key staff members working on this project. Indicate the length of time each has worked in this field and for the organization
- c. Please provide detailed information explaining how funds will be used for marketing, advertising, and enrollment outreach to rural or underserved populations, including populations who require multilingual marketing.

**Proposals shall be kept confidential until after all proposals have been reviewed and scored by the evaluation committee.**