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Governor

**NEVADA HEALTH AUTHORITY
CONSUMER HEALTH SERVICES DIVISION**

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**REVISED REQUEST FOR APPLICATIONS
DATE OF REVISION: 5/21/2026**

COMMUNITY-BASED ORGANIZATION ENROLLMENT AND EDUCATION FACILITATOR GRANTS

Purpose: To increase exchange enrollment facilitator (EEF) positions within community-based organizations to provide education and enrollment assistance related to Nevada Medicaid and Nevada Health Link, including the state’s Public Option, known as Battle Born State Plans (BBSPs).

Applications Due: ~~May 22, 2026, 11:59 pm PST~~
May 29, 2026, 11:59 pm PST

Funding Available: \$2,000,000.00

Cost Sharing/Match: None

Final Funding Decisions: **Contingent upon Interim Finance Committee approval.** Expected on ~~or before June 30, 2026~~ **August 13, 2026**

Website: <https://nevadahealthlink.com/sshix/grant-opportunities/>
Please check the website regularly for updates

Contact: Division of Consumer Health Services
Nevada Health Authority
navigatorsupport@nvha.nv.gov

REQUEST FOR APPLICATIONS

COMMUNITY-BASED ORGANIZATION ENROLLMENT AND EDUCATION FACILITATOR GRANTS

INTRODUCTION:

The State of Nevada has the fourth highest uninsured rate in the country, with approximately 12-15% of Nevadans lacking health insurance coverage.¹ Many uninsured Nevadans are eligible for financial assistance through Medicaid or subsidized Marketplace coverage.² Gaining health care coverage helps improve health outcomes and the affordability of care.

The enactment of H.R. 1³ introduces significant operational changes to the healthcare landscape, necessitating a robust expansion of consumer assistance services. For Medicaid agencies, the transition to mandatory community engagement and work requirement standards and semi-annual eligibility redeterminations creates a heightened need for direct support to assist enrollees with documentation, compliance verification, and the prevention of administrative churn. Concurrently, the ACA marketplaces are moving toward active enrollment models and enhanced pre-verification requirements for premium tax credits. These shifts, alongside new restrictions on subsidy eligibility for certain populations, underscore the critical role of counselors in helping patients navigate more complex eligibility pathways, bridge potential coverage gaps, and maintain continuity of care within the evolving regulatory framework.

Beginning in the fall of 2026, Nevada Health Link, the state's ACA Marketplace, will implement changes to help streamline eligibility decisions for Medicaid Gross Adjusted Income (MAGI) based Medicaid eligibility for new applicants seeking health care coverage. Non-MAGI based eligibility decisions will not be included in these changes and applicants will continue to be referred to the Division of Social Services for further assistance. Community-based organizations awarded funds under this grant opportunity will be focused on supporting these individuals who seek coverage through the state's ACA Marketplace for either Medicaid or Marketplace plans.

In the current biennium, the Nevada Legislature allocated \$2 million to the Nevada Health Authority (NVHA) to establish a new grant program to assist community-based organizations who provide education and enrollment assistance related to Nevada Medicaid and the state's Public Option, known as Battle Born State Plans (BBSPs). BBSPs are qualified health plans (QHPs) offered on Nevada Health Link, the state's health insurance Marketplace. BBSPs meet federal Affordable Care Act (ACA) requirements and must meet specific premium reduction targets to help lower costs.

NVHA's Community-Based Organization Enrollment and Education Facilitator Grant Program is a partnership with community-based organizations across the state who have experience in reaching and assisting Nevada's diverse populations and have proven success enrolling consumers in health

¹ [Health Insurance Coverage of the Total Population | KFF State Health Facts](#)

² [Uninsured Adults Ages 19-64 | Commonwealth Fund](#)

³ [H.R.1 - 119th Congress \(2025-2026\): Public Law No: 119-21 \(07/04/2025\) | Congress.gov | Library of Congress](#)

care programs. The program's purpose is to assist individuals in understanding and enrolling in health insurance plans through Nevada Medicaid and QHPs sold on Nevada Health Link. Enrollment and Education Facilitators, also known as Exchange Enrollment Facilitators (EEFs) or navigators, provide education, and application and enrollment assistance to Nevadans seeking health insurance, aiming to ensure they make informed decisions about their coverage options. EEFs are typically part of community organizations and serve the uninsured, underinsured, and hard-to-reach populations.

SECTION I: DESIRED OUTCOMES

Purpose

Pursuant to Section 11 of Senate Bill 4 of the 2025 Special Session of the Nevada Legislature, the Nevada Health Authority (NVHA), through this Grant Program, will award competitive grants to community-based organizations in this State seeking to provide education and enrollment assistance related to Nevada Medicaid and the State's Public Option, known as Battle Born State Plans sold on Nevada Health Link, Nevada's ACA Marketplace

NVHA's goal is to use these grant funds to place Exchange Enrollment Facilitators (EEFs) within a wide range of community-based settings to offer direct, in-person assistance with health coverage enrollment and education. EEFs will focus on ensuring consumers complete all steps necessary prior to enrollment, actively update applications, understand new federal Medicaid community engagement and work requirements, and select plans that meet their individual health needs.

Desired Outcomes

Through this initiative, NVHA seeks to achieve the following outcomes:

- Increase successful enrollment and reenrollment in Medicaid and Qualified Health Plans, with a focus on reducing coverage gaps and churn.
- Improve consumer understanding of and compliance with new Medicaid community engagement and work requirements established under H.R. 1 (Public Law 19-121), including timely reporting of qualifying activities (e.g., employment, education, job training, or other approved activities).
- Increase the number of Medicaid members who successfully document and verify compliance with community engagement requirements, thereby maintaining continuous coverage.
- Reduce coverage terminations related to procedural issues, including failure to respond to requests for information or failure to report required activities.
- Enhance consumer capacity to navigate eligibility processes, including submitting documentation, responding to notices, and managing ongoing reporting obligations.

- Expand access to culturally and linguistically appropriate, in-person assistance for vulnerable and hard-to-reach populations.
- Improve health insurance literacy, including understanding plan benefits, cost-sharing (copays, deductibles), provider networks, and how to appropriately access care.
- Strengthen post-enrollment support systems to ensure members maintain coverage, including assistance with life changes, employment updates, tax reconciliation, and billing questions.

EEF responsibilities will include providing post-enrollment support to help members maintain coverage and report life changes, including but not limited to submitting documentation in response to requests for information, addressing questions related to employment and community engagement activities, billing, tax reconciliation, and other general questions about coverage. EEFs will also improve health insurance literacy and help individuals understand how to effectively use their coverage.

Deliverables and Reporting Requirements

Applicants must ensure responses provided in the application address their organization’s role in helping NVHA to achieve its objectives.

Awardees will be required to:

- Track and report performance metrics aligned with the outcomes above, including enrollment numbers, renewal success rates, and compliance support activities.
- Document the number of consumers assisted with community engagement requirement education and reporting.
- Provide regular reports (monthly) detailing activities, outcomes, and barriers encountered.
- Participate in NVHA-led training and technical assistance related to Medicaid and Marketplace policy updates and federal requirements.

SECTION II: AWARD INFORMATION

Awards

A total of \$2,000,000 is available to award grants to Community-Based Organizations through June 30, 2027. **Applications will be accepted through ~~May 22, 2026~~ Friday, May 29, 2026.** NVHA reserves the right to determine the number of applications awarded based on funds available and projects selected and may issue subsequent Requests for Applications (RFAs). NVHA will prioritize applications with funding requests from organizations with established relationships and access to target uninsured and underinsured populations. Organizations are further encouraged to target populations who are vulnerable or underserved, and are disproportionately without access to coverage or care, or at a greater risk of poor health outcomes.

Applications should be crafted without expectation of future funding. To be considered complete, applications must adhere to application instructions, including formatting and page limits, and provide all required information. Only complete applications will be considered.

Grant Period

The grant period is upon award through June 30, 2027. More information on the award process is contained in Section V. Awardees are required to submit monthly reports to NVHA until all grant funding has been spent until the conclusion of the grant period. More information on the reporting process can be found in Section V.

Submission Timeline and Instructions

Submit an electronic copy of the application by 11:59 p.m., ~~May 22, 2026~~ **May 29, 2026**, to:

Nevada Health Authority
Division of Consumer Health Services
navigatorsupport@nvha.nv.gov

Applications must be received by the date and time above. Applications received after the deadline above will not be considered.

May 1, 2026	Request for applications published.
May 12, 2026	Webinar: This session is an opportunity to ask questions, gain a better understanding of the application process, and walk through the program requirements.
May 15, 2026	Deadline for applicants to submit substantive questions about application to the NVHA by 5:00 pm (PST).
May 20, 2026	NVHA posts final questions and answers on https://nevadahealthlink.com/sshix/grant-opportunities/ by 5:00 PM (PST)
May 22, 2026 May 29, 2026	Applications are due by 11:59 pm (PST). Late submissions will not be accepted.
May 26, 2026, through June 1, 2026 through June 10, 2026	Applications are individually reviewed and scored by the NVHA Evaluation Committee members.
June 2, 2026 June 11, 2026	Evaluation Committee meets and submits final recommendations to NVHA. NVHA submits work program for August IFC approval.
June 18, 2026 August 13, 2026	Interim Finance Committee meeting. Final allocation and award decisions made.
June 25, 2026 August 14, 2026	Notice of Awards released. Grant period starts, ending June 30, 2027.

Eligible Uses of Funding

The State will provide funding to eligible community-based organizations for costs associated with providing enrollment and education assistance related to Nevada Medicaid and Qualified Health Plans, including Public Option Battle Born State Plans. Eligible uses of funding include, but are not limited to, the following (as detailed in Attachment C):

- Personnel Costs
- Fringe
- Travel
- Supplies
- Indirect
- Other
 - To include costs associated with Exchange Enrollment Facilitator (EEF) licensure, certification and training as required pursuant to Nevada Revised Statutes (NRS) Chapter 695J and Nevada Administrative Code (NAC) Chapter 695J.

Grant funds may not be used for:

- Compensation which is higher than the normal rate for a similar position at the community-based organization
- Costs not directly related to Nevada Medicaid/Nevada Health Link education or enrollment activities
- Out-of-state travel
- Food or beverage
- Any costs associated with applying for this grant

Cost Sharing

No cost sharing or matching is required.

SECTION III: ELIGIBILITY INFORMATION

Eligible Applicants

Eligible applicants are community-based organizations located in Nevada seeking to create new or expand EEF positions to provide education and enrollment assistance related to Nevada Medicaid and Nevada Health Link. The NVHA's goal is to use these funds to place EEFs within a wide range of community-based settings to offer direct, in person assistance with health coverage enrollment and education.

The NVHA is seeking applications from a range of community-based organizations including but not limited to:

- Consumer-focused non-profit organizations
- Faith-based organizations
- Food banks
- Hospitals
- Clinics
- Federally Qualified Health Centers (FQHC)
- Trade, industry or professional associations, Unions, Chambers of Commerce
- Resource partners of the Small Business Administration
- Educational institutions, such as Community Colleges, Universities, or School Districts
- Indian tribes, tribal organizations, urban Indian organizations
- State or local human service agencies
- Other public or private entities or individuals that meet the requirements of this section

Awards will be granted to community-based organizations who meet the eligibility standards outlined in [45 CFR 155.210\(c\)](#), [45 CFR 155.215](#) and all requirements of [NRS Chapter 695J](#) and NAC Chapter 695J pertaining to Exchange Enrollment Facilitators (EEFs).

As outlined in NRS 695J.210, EEFs **must not**:

- Hold a license as a producer of insurance, an insurance consultant or broker;
- Sell, solicit, or negotiate insurance;
- Accept any payment (directly or indirectly) from health insurance issuers or stop-loss insurance issuers relating to enrollments in qualified health plans;
- Employ, be employed by, partner with, or receive payment stemming from their facilitator role from:
 - Licensed insurance producers,
 - Insurance consultants,
 - Surplus lines brokers, or
 - Insurers.

Applicant Assistance

The Nevada Health Authority is available to provide pre-award assistance to applicants. Please reach out to navigatorsupport@nvha.nv.gov with any application questions.

SECTION IV: APPLICATION AND SUBMISSION INFORMATION

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment D to evaluate applications. A complete application will include the following:

1. Coversheet (PDF)
2. Project Narrative/ Scope of Work (PDF)
3. Budget Narrative and Budget Plan (PDF and Excel File)

Electronic copies of application attachment forms are available on the state's website at <https://nevadahealthlink.com/sshix/grant-opportunities/>.

Applications will be reviewed to ensure that the eligibility criteria have been met, including the completeness and responsiveness criteria. If the application does not meet these criteria, it will not be scored. Incomplete applications or applications that did not follow the submission requirements, including the formatting requirements described in detail below, as of the filing deadline, will be disqualified and will not be scored.

Applicants awarded must be a registered vendor with the State of Nevada to receive funds awarded under this opportunity. NVHA encourages interested applicants to begin the registration process now with the State Controller's Office. To apply for vendor status (i.e., obtain your "T" vendor ID number), visit Vendor Registration here: [Vendor Registration Requirements](#). For more information on vendor registration, including contact information, please visit: [Vendor services](#).

1. Coversheet (Pass/Fail)

Format: Please use the template, found in Attachment A, to complete the Coversheet. The Coversheet should be page one of your application.

2. Project Narrative & Scope of Work (85 points possible)

Format: The project narrative must not exceed fifteen (15) pages. It must be single-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 (letter size) paper.

3. Budget Plan and Budget Narrative (15 points possible)

Format: Please refer to the budget narrative guidance, found in Attachment C. Please use the excel template to provide the budget narrative and plan. The budget narrative must not exceed ten (10) pages. It must be single-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 (letter size) paper. There is no page limit on the budget plan (excel template).

Applicant is required to submit a 1) budget narrative and a 2) budget plan.

SECTION V: AWARD ADMINISTRATION INFORMATION

Grant Review and Selection Process

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored using the scoring matrix located in Attachment D by an Evaluation Committee developed by the Nevada Health Authority. The Evaluation Committee will review all submitted applications deemed complete. Members of the Evaluation Committee will score each application individually, after which the Committee will discuss the score afforded to each application. During this time, members may amend their individual application scores and submit those amended scores to the Committee. The final score for each application will be an average of all of the individual scores calculated by each member of the Committee. The Committee will make award recommendations to NVHA. Pursuant to Section 11 of Senate Bill 4 from the 2025 Special Session of the Nevada Legislature, the NVHA will make final award allocation recommendations to the Interim Finance Committee (IFC) of the Nevada Legislature. The IFC is anticipated to make final award allocation determinations **during the August 13, 2026 meeting**. Based upon the determinations of the IFC, NVHA may award all or part of an applicant's request and may require modifications to an application prior to funding. Applications selected to receive a grant award will enter into a contract with NVHA in compliance with the State of Nevada regulations. The State reserves the right to award all, part or none of available grant funding during this grant period. In cases where the ranked applications may "tie", NVHA reserves the right to consider "Work Plan and Impact Analysis" scoring independently to determine placement. To avoid disqualification, all application areas must be concise and complete; the application cover sheet must be signed and dated; objectives must be measurable. Denial letters will be sent to applicants that are not funded.

Grant Commencement and Duration

Project implementation must be initiated within thirty days (30) after funding is awarded. Requests for an exception to this rule must be justified and submitted in writing within thirty days of award. At the discretion of NVHA, the Grantee risks losing the award if the project does not commence as required.

Upon IFC approval, awardees will have until the end of state fiscal year 2027, to twelve months (12) months, or the end of the award period, as specified within the fully executed grant agreement to spend awarded funding from the award date. Any awarded funds that remain unspent after the award period will be forfeited. There is no expectation of funding beyond awarded grant funds. **Future funding is contingent upon future Legislature approval and allocation.**

Award Process

All grant funding will be paid to awardees on a monthly reimbursement basis. Awardees are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance prior to the expenditure of funds. The State reserves the right to deny reimbursement requests for expenditures not made in accordance with approved budgets.

Fiscal Responsibilities

All recipients of funding are required to identify a fiscal agent if the grantee is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

- Funds are not commingled with funds from other grant sources
- Funds specifically budgeted and/or received for one project cannot be used to support another
- All grant awards are subject to audits during and within three (3) years after the grant award reporting period has concluded
- The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes
- Unexpended funds will be retained by the State

OPTIONAL: To assess your organization's financial viability, recipients can provide the following documents for the most recently completed fiscal year. All documents must comply with the Generally Accepted Accounting Principles (GAAP):

- Balance Sheet (B/S)
- Profit and Loss Statement (P&L)
- Cash Flow Statement

Reporting Requirements

The reporting period is defined as the period of time from the day the grant is awarded, **following IFC approval** through June 30, 2027. All recipients of funding are required to submit to NVHA monthly fiscal reports and monthly program progress reports until all grant funds have been expended, and a final evaluation. The final evaluation is due within thirty (30) days after the conclusion of the reporting period.

Financial Obligations

Financial obligations of the State are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contracts (grant awards) will become null and void, without penalty to the state of Nevada. All materials submitted regarding this application for funding become the property of the state of Nevada. Upon the funding of the project, the contents of the application will become contractual obligations.

Reconsiderations

Funding decisions made by NVHA are final. There is no appeals process.

ATTACHMENT A: COVERSHEET TEMPLATE

Community-Based Organization Applicant Name:	
Project Location (City, County):	
Project Manager Name:	
Project Manager Address, Phone Number, Email Address:	
Grant Manager Name:	
Grant Manager Address, Phone Number, Email Address:	
Amount of Grant Funds Requested:	
State Vendor Identification Number:	
EIN Number (if applicable):	
Certification: I certify that all the information contained in this application is true to the best of my knowledge, that the application was prepared by the applicant and its employees and agents without consultation or collusion with any other applicant, and that, if awarded, the applicant will abide by the terms and conditions of the grant.	
Printed Name of Authorized Representative:	Title:

Signature of Authorized Representative:

Date:

ATTACHMENT B: PROJECT NARRATIVE AND SCOPE OF WORK GUIDANCE
(85 Points Possible)

I. ORGANIZATIONAL CAPACITY & ALIGNMENT (15 POINTS)

What reviewers are looking for:

Can this organization deliver measurable enrollment, compliance support, and reporting outcomes?

1. Mission, Experience, and Results

Describe:

- Your mission and how it aligns with improving **Medicaid/Marketplace enrollment, retention, and consumer support**
- Experience providing:
 - Enrollment and reenrollment assistance
 - Post-enrollment support (e.g., renewals, reporting changes, documentation help)
- Evidence of past success using **measurable results**, such as:
 - Enrollment or renewal numbers
 - Reduction in coverage gaps or churn
 - Assistance with documentation or application completion

2. Implementation Plan for This Grant

Describe how you will:

- Deploy **Exchange Enrollment Facilitators (EEFs)** in community-based settings
- Provide:

- **In-person assistance** (required priority)
- Virtual/phone support (as a supplement)
- Expand or enhance services if funded
- Align activities directly to required outcomes:
 - Increased enrollment and reenrollment
 - Improved compliance with Medicaid requirements
 - Reduced procedural terminations

Include:

- Number of EEFs and staffing plan
- Any other funding supporting similar work (to show coordination, not duplication)

3. Physical Presence & Access

Describe:

- Where services will be provided (locations and counties)
- How you will ensure **accessible, in-person assistance**, especially for:
 - High-demand periods (e.g., Open Enrollment)
 - Walk-ins and community-based settings
- Partnerships that expand access points

II. SERVICE DELIVERY PLAN (30 POINTS)

What reviewers are looking for:

Can the applicant directly produce the required outcomes and track them?

1. End-to-End Consumer Support (Pre, During, Post Enrollment)

Describe your approach to:

- Helping consumers:
 - Start and complete applications
 - Submit required documentation
 - Resolve pending cases (DMIs, verifications)
- Providing **post-enrollment support**, including:

- Reporting life changes
- Renewals and redeterminations
- Billing, tax reconciliation, and general coverage questions

2. Medicaid Community Engagement & Compliance Support

Describe how you will:

- Educate consumers on **community engagement/work requirements**
- Help them:
 - Report qualifying activities (employment, training, etc.)
 - Submit required documentation
- Track and support:
 - Compliance activities
 - Prevention of coverage loss due to non-compliance

3. Outreach, Enrollment Growth & Impact

Describe your plan to:

- Identify and engage:
 - Uninsured and underinsured individuals
- Conduct:
 - Outreach events and enrollment assistance
- Ensure success through:
 - Targeted strategies for hard-to-reach populations
- Track outcomes, including:
 - Number of individuals assisted
 - Applications submitted and completed
 - Successful enrollments and renewals

4. Rural & Hard-to-Reach Access

Describe:

- Nevada counties served, including rural areas
- Willingness and ability to travel (≥55-mile radius or more)
- Strategies to reach populations with limited access to services

III. COMMUNITY FOCUS (15 POINTS)

What reviewers are looking for:

Can the applicant effectively reach priority populations and reduce disparities?

1. Community Partnerships

Describe:

- Key partners supporting outreach, enrollment, and education
- How partnerships will:
 - Increase reach
 - Improve enrollment outcomes
- Include **letters of support**: One (1) or more letters of support from current community partners, demonstrating past collaboration experience and how your organizations plan to work together under this funding opportunity to improve health coverage for Nevadans.

2. Serving Priority & Underserved Populations

Describe:

- Populations you will serve (include estimates)
- Strategies to:
 - Reduce barriers to enrollment and retention
 - Improve health insurance literacy
- Experience serving:
 - Vulnerable, underserved, and hard-to-reach groups

3. Culturally & Linguistically Appropriate Services

Describe how you will:

- Provide accessible, culturally competent services
- Ensure EEFs are trained to support diverse populations

- Expand services where gaps exist

IV. PERFORMANCE METRICS & REPORTING (15 POINTS)

What reviewers are looking for:

Can the applicant track, report, and improve performance tied to deliverables?

1. Data Tracking & Metrics

Describe systems to track and report:

Required metrics (must align with NOFO):

- Number of consumers assisted
- Enrollment and reenrollment numbers
- Renewal success rates
- Documentation/pending case resolution
- Community engagement education and reporting support
- Post-enrollment assistance activities

2. Reporting & Continuous Improvement

Describe your ability to:

- Submit **monthly reports** including:
 - Activities
 - Outcomes
 - Barriers
- Use data to:
 - Improve performance
 - Address gaps (e.g., churn, procedural terminations)

3. Data Privacy & Security

Describe how you:

- Protect **personally identifiable and health information**
- Ensure compliance with all applicable laws and grant requirements

V. STAFFING, TRAINING & GRANT MANAGEMENT (10 POINTS)

What reviewers are looking for:

Can the organization staff, train, and manage this program effectively?

1. Staffing Training Plan

Include:

- Number of EEFs funded by the grant
- Roles and responsibilities

Describe:

- Ability to comply with EEF onboarding and certification process
- Training on:
 - Medicaid/Marketplace policies
 - Community engagement requirements

3. Grant & Financial Management

Describe:

- Experience managing grants and budgets
- Systems to:
 - Stay within budget
 - Track deliverables and outcomes
- Participation in:
 - NVHA trainings and technical assistance (required)

ATTACHMENT C: BUDGET GUIDANCE

BUDGET (Attachment C) = BUDGET NARRATIVE & BUDGET PLAN (20 points possible)

Budget Narrative

The budget narrative explains how your project plans to spend the funds you are requesting. It should clearly show how each cost supports your project goals. Keep your explanations simple and direct. If you are unsure whether to include something, include it. **NOTE:** Not all applications will request funding tied to all budget cost categories (i.e., personnel, fringe, supplies, etc.). It is ok to submit an application requesting funding from only a single budget cost category if that is what best fits the needs of the project.

The Budget Narrative is built into the Budget Plan below. Applicants will be scored on how well they justify and align program expenditures with the goals, objectives, and activities of the program in the “narrative portion” of the budget. Below is guidance on how to appropriately ‘narrate’ different items within each budget cost category.

Personnel (Staff Time – Salaries, Wages, etc.)

Describe the staff who will work on the project and what they will do. For each requested position, provide the following information:

- title of position
- name of staff member occupying the position, if available
- annual salary
- percentage of time budgeted for this program (FTE or level of effort)
- total months of salary budgeted
- total salary requested
- justification and description of each role and the scope of responsibility for each position, relating it to the accomplishment of program objectives. These individuals must be employees of the applicant organization.

Sample Justification: *(Responsibilities should be directly related to specific program objectives.)*

Job Description: Enrollment Facilitator - (Name)

This position provides direct Nevada Medicaid and Marketplace health insurance enrollment assistance to community members, including helping individuals understand their coverage options, completing applications, and troubleshooting barriers to enrollment. The enrollment facilitator conducts one-on-one appointments, attends community events, and maintains accurate- documentation of all enrollment activities. The role also includes providing education on health coverage, eligibility, and benefits. Responsibilities align with program objectives related to increasing enrollment, improving health literacy education, and reducing disparities among underserved, uninsured populations.

Fringe Benefits

Explain the fringe benefit rate and what it covers (e.g., health insurance, payroll taxes). Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

- Benefit Rate (%):
- What the rate includes:
- Total Cost:

Example:

Fringe benefits at 15% of salary (\$50,000 × 0.15 = \$7,500). Covers FICA, workers' compensation, and health insurance.

Travel

Include in-state travel required to carry out the project (not general staff commuting). Dollars requested in the travel category are for applicant staff travel only and all travel costs are subject to the rates set by the [General Services Administration](#) (GSA). Provide a budget narrative describing the travel staff members will perform. This narrative includes a justification of why this travel is necessary and how it will enable the applicant to complete program requirements. List of where travel will take place, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles (including maps indicating mileage), cost per mile, and anticipated destinations. The mileage rate cannot exceed the rate set by the GSA.

Out-of-state travel is not eligible for reimbursement.

Please refer to the [GSA website](#).

Sample Justification

The enrollment facilitator will travel to Elko to conduct in-person enrollment support at the Elko County Library. This visit will provide direct assistance to individuals seeking information on Medicaid and the public option, particularly those who may lack reliable internet access or need one-on-one guidance to complete their applications.

Supplies

List basic supplies needed to run the project. These should be reasonable and project related. Supplies include all tangible personal property with an acquisition cost of **less than \$2,000 per unit** or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. Classify technology/computing items such as computers that do not meet the \$2,000 per unit threshold or an alternative lower limit set by recipient policy as **supplies** and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Justification

General office supplies will be used by staff members to carry out daily enrollment and education activities of the program.

The enrollment facilitator will be a new position and will require a laptop computer and printer to complete required activities under this RFA. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote Nevada Medicaid and Nevada Health Link health insurance options. Use of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

Indirect (Limited to 10%, including direct and indirect)

There is a 10% cap on funding that can be used for administrative costs, including both indirect and direct costs. This 10% cap on indirect and direct administrative costs applies to all grantees. Indirect costs cover general agency expenses like rent, utilities, and administrative support.

Example:

The rate is 10% and is computed on the following direct cost base of \$_____.

Other

The Other budget cost category includes costs that do not fit in other categories (e.g., costs associated with EEF licensure, certification and training, printing, software licenses, meeting costs,

etc.). Individually list each item requested and provide appropriate justification related to the program objectives.

Some items are self-explanatory (telephone, postage) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Sample Justification

We are requesting costs associated with fulfilling Exchange Enrollment Facilitators licensure requirements for 3 new hires. Costs associated include fingerprinting costs, AD Banker EEF Course completion, Pearson Vue state exam and Nevada Division of Insurance application fees.

We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate enroll

Budget Cost Category	Total Amount Requested
Fringe	\$0.00
TOTAL BUDGET REQUEST	\$0.00

and

consumers into Nevada Medicaid and Nevada Marketplace qualified health plans. The word processing software will be used to help us track data and compile reports. Without this equipment, we will not be able to produce this information in an accurate and timely manner.

Budget Plan Summary

Provide a simple summary showing the total for each category:

ATTACHMENT D: APPLICATION REVIEW SCORING MATRIX

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

COMMUNITY-BASED ORGANIZATION ENROLLMENT FACILITATOR GRANT PROGRAM	
Proposal Evaluation Scoring Rubric	
<p>How Proposals are Scored: Each proposal will be evaluated and scored based on the category requirements identified. Applications will be scored by the NVHA Evaluation Committee using this evaluation sheet to designate the point value assigned to each application. The scores of each member of the review teams will be averaged with the scores of the other members to determine the final score. Application scores establish a reference point from which to make negotiation decisions.</p>	
<p>Initial review: Applications will be reviewed to ensure that the eligibility criteria have been met, including the completeness and responsiveness criteria. If the application does not meet these criteria, it will not be scored. Pages submitted in excess of the page limits will not be reviewed.</p>	
<p>BEFORE YOU BEGIN! Please review the grant proposal package for completeness. A checklist has been provided to help with this step. If the proposal does not include all sections and attachments listed below, do not proceed with scoring. Scoring will be in the following categories, up to the maximum points indicated for each category:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coversheet (pass/fail) <input type="checkbox"/> Budget (Detailed Plan) and Budget Narrative (15) <input type="checkbox"/> Project Narrative/Scope of Work (85) <input type="checkbox"/> Letters of Support (considered as part of project narrative evaluation) <p>If the application is complete, read the section description and scoring criteria and use your best judgement to score the application. Be sure to list the points awarded, calculate the cumulative scores, populate the objective review section, and provide your signature at the end of the form before electronic submission. The maximum score possible is 100.</p>	
Organization Name	
Primary Applicant Name:	
Project Contact:	
State Vendor ID:	
Amount of Grant Funds Requested:	
EIN Number (if applicable):	
Project Location:	
Planned start date:	

Scoring Criteria:

1. Coversheet (pass/fail)		
Required Elements (check all that apply):	<input type="checkbox"/> Primary Applicant Name <input type="checkbox"/> Project Location (City, County) <input type="checkbox"/> Project Manager Name, Address, Phone, Email <input type="checkbox"/> Grant Manager Name, Address, Phone, Email <input type="checkbox"/> Partner Information (if applicable) <input type="checkbox"/> Amount of Grant Funds Requested <input type="checkbox"/> State Vendor Identification Number <input type="checkbox"/> New or Existing Program <input type="checkbox"/> Planned Start Date <input type="checkbox"/> Signed	
Reviewer Score:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Reviewer Comments:		
2. Budget Plan and Budget Narrative: Provides a budget for the proposed project with a detailed breakdown for all cost items that will be incurred by the proposed project activities. Criteria to be considered are listed below. Maximum Possible Score for the Section is 15 .	Maximum Points Possible	Points Awarded
1. Plan: To what extent does the applicant sufficiently demonstrate and clearly identify budget costs that are reasonable, allocable, and consistent with the purpose, outcomes, priorities, and program strategy of the project activities?	10	
2. Narrative: To what extent does the applicant sufficiently demonstrate a clear and strong relationship between the program's expenses and the program's goals and activities described in the work plan? Has the applicant demonstrated how the budget expenditures relate directly to the goals of the program?	5	
Reviewer Score:	15	
Reviewer Comments:		

3. Project Narrative: Provides a comprehensive and well-organized narrative describing the proposed project that includes the demonstrated need for the program, feasibility, work plan, and anticipated impact. It should also include data collection and evaluation strategies. Maximum Possible Score for the Section is 85 .	Maximum Points Possible
3.1 Organization Capacity & Alignment	15
3.2 Service Delivery Plan	30
3.3 Community Focus	15
3.4 Performance Metrics & Reporting	15
3.5 Staffing, Training & Grant Management	10
Points Possible	85

Project Narrative Scoring Criteria:

I. ORGANIZATIONAL CAPACITY & ALIGNMENT (15 POINTS POSSIBLE)	
1. Mission, Experience, and Demonstrated Results (8 pts)	
Assesses: Alignment with program goals + proven success	SCORE
Mission unclear or not aligned; little/no relevant experience	0-2
Some relevant experience; limited or unclear results	3-5
Strong alignment; clear experience with measurable outcomes (enrollment, renewals, reduced churn, etc.)	6-8
Points Awarded:	
2. Implementation Plan & Staffing (7 pts)	
Assesses: Ability to operationalize EEF model	SCORE
Plan vague; staffing unclear or insufficient	0-2
Basic plan; EEF roles identified but limited detail	3-5
Clear, actionable plan with defined EEF staffing, deployment, and service expansion	6-7
Points Awarded:	
II. SERVICE DELIVERY PLAN (30 POINTS)	
1. End-to-End Enrollment & Post-Enrollment Support (10 pts)	
Assesses: Ability to support consumers with enrollment and education	SCORE
Limited support; focuses only on outreach or application	0-3
Covers most stages (application, enrollment, some follow-up)	4-7
Comprehensive model including: Application assistance Documentation & pend resolution Renewals/redeterminations Post-enrollment support (life changes, billing, tax reconciliation)	8-10

Points Awarded:	
2. Community Engagement & Compliance Support (8 pts)	
Assesses: Support for Medicaid work/community engagement requirements	SCORE
Little/no mention of compliance support	0-2
Basic education or limited support	3-5
Strong plan to: educate consumers, assist with reporting activities, track and support ongoing compliance to prevent coverage loss	6-8
Points Awarded:	
3. Outreach, Enrollment Growth & Impact (7 pts)	
Assesses: Ability to drive measurable enrollment outcomes	SCORE
Outreach plan unclear or not targeted	0-3
General outreach with limited tracking	4-7
Targeted strategies with clear plans to track: individuals assisted applications completed enrollment and renewals	8-10
Points Awarded:	
4. Rural & Hard-to-Reach Access (5 pts)	
Assess: Rural Strategy	SCORE
No clear rural strategy	0-1
Limited rural outreach or travel capacity	2-3
Strong plan including travel, partnerships, and access strategies for underserved areas	4-5
Points Awarded:	
III. COMMUNITY FOCUS (15 POINTS)	
1. Community Partnerships (5 pts)	
	SCORE
Few/no partnerships	0-1
Some relevant partnerships	2-3
Strong network with letters of support and clear collaboration outcomes	4-5
Points Awarded:	
2. Target Populations & Disparities (5 pts)	
	SCORE
Target populations unclear	0-1
Identifies populations but limited strategy	2-3
Clear populations with tailored strategies to reduce disparities and improve coverage	4-5
Points Awarded:	
3. Culturally & Linguistically Appropriate Services (5 pts)	

	SCORE
Not addressed	0-1
Basic approach	2-3
Strong, demonstrated ability with trained staff and/or existing programs	4-5
Points Awarded:	
IV. PERFORMANCE METRICS & REPORTING (15 POINTS)	
1. Data Tracking Systems & Metrics (5 pts)	
Must align to required deliverables	SCORE
No clear tracking system	0-1
Basic tracking; limited alignment to required metrics	2-3
Robust system tracking: Consumers assisted Enrollments & renewals Pend/documentation resolution Community engagement support activities Post-enrollment support	4-5
Points Awarded:	
2. Reporting (5 pts)	
	SCORE
Reporting unclear	0-1
Basic reporting capability	2-3
Clear plan for monthly reporting, barrier tracking, and performance improvement	4-5
Points Awarded:	
3. Data Privacy & Compliance (5 pts)	
	SCORE
Not addressed	0-1
General statements	2-3
Clear safeguards for PII/PHI and regulatory compliance	4-5
Points Awarded:	
V. STAFFING, TRAINING & GRANT MANAGEMENT (10 POINTS)	
1. Staffing & Training EEF Capacity (5 pts)	
Must align to required deliverables	SCORE
Staffing plan unclear	0-1
Adequate staffing plan, basic onboarding	2-3
Strong staffing plan with sufficient training policies to ensure EEF coverage for target population	4-5
Points Awarded:	
2. Grant & Financial Management (5 pts)	

	SCORE
Limited Experience	0-1
Some experience managing grants	2-3
Strong track record managing grant budget and deliverables	4-5
Points Awarded:	
TOTAL POINTS AWARDED	0
Overall Application Objective Review:	
Cumulative Application Score:	____/100
Summary of Application:	
Major Strengths:	
Major Weaknesses:	
Alignment with Outcomes/Priorities in Section I and Section II of the RFA:	
General Comments:	
Major Recommendations:	
Overall Recommendation:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved – but pending edits to proposal <input type="checkbox"/> Approved – but at different funding level <input type="checkbox"/> Not approved

Reviewer – Signature:

Date:

Reviewer – Printed Name:

APPLICATION CHECKLIST

The Application Coversheet and Project Narrative must be submitted as a PDF. The Budget Narrative/Plan template must be submitted as an Excel File.

If any of the following items are incomplete or missing, the application will be rejected. If the application is not received by the date requested (including revisions), funding may be delayed or may not be awarded.

- Application Coversheet (PDF Document)
- Project Narrative (PDF Document)
- Budget Narrative/Budget Plan (Excel File)
- Fiscal Management Checklist (PDF)
- General Conditions and Assurances (PDF)

Attachments – If included, these will not count towards the page limit.

- Proof of Financial Viability (*Singe audit, balance sheet, profit and loss statement (P&L), and/or Cash Flow Statement*) – (*optional, but encouraged*)
- Resumes for Key Personnel (*optional, but encouraged*)
- Letters of Commitment/Support (*optional, but encouraged*)
- Contracts or Memorandums of Understanding (*if applicable to the program/service*)