



Outreach and Infrastructure Consumer Assistance Partner Grant Program

MNsure Grant Application Instructions

Version: 05/28/2013

I. Foreword

The MNsure Grant Application Instructions contain information for preparing an application to the MNsure Grant Program in response to a published MNsure Request for Proposal (RFP).

The MNsure Grant Application Instructions are organized to follow the MNsure Grant Application from start to finish and guide the applicant through the required contents.

Announcements about funding opportunities are made through a MNsure Request for Proposal (RFP) a formal document that solicits grant or cooperative agreement applications in a well-defined proposal content to accomplish specific program objectives. RFPs provide the information specific to a funding program. Both the Grant Application Instructions and the RFP are needed to respond responsively and competitively.

II. General Instructions

Format Specifications

Follow font and format specifications to avoid processing delays or rejection of the application.

Font and Graphics

- Use an Arial typeface, a black font color, and a font size of 11 points or larger. Special characters may be used but must be 11 points.
- Type should be formatted to be easy to read in black type, a type density of no more than 15 characters per inch, and no more than six lines per inch. Do not use color or shading within the text.
- A smaller type size is acceptable for figures, graphs, diagrams, charts, legends, and footnotes, but must be in black ink and easily legible.

Page Formatting

- Use letter size (8 ½" x 11") sheets of paper.
- Use at least one inch margins (top, bottom, left, and right) for all pages, including continuation pages.
- Use only a standard, single-column format for the text.
- The application must be single-sided and single-spaced when writing narrative content.
- Consecutively number all pages throughout the application, including continuation pages. Do not use suffixes (e.g., 5a, 5b).
- Do not include additional pages between the Form A: Face Page and Form B: Table of Contents (page 2).

Packaging

Electronic Submission:

Email complete application to mnsureca@state.mn.us , including 'RFP13-001' in the subject line. The application must have the required signature (electronic) on the Face Page.

Paper Submission:

- Submit the following materials in one package:
 - Original application
 - Required number of copies
- The original application must have the required signature on the Face Page.
- Do not staple or otherwise bind the original application. Rubber bands or clips are acceptable.

Order of the Submitted Application and Page Limits

Applications must be compiled in the order shown below and within the associated page limits for each section. Each page must be numbered in consecutive order with no page number extensions such as 5a, 5b.

SECTION OF APPLICATION	PAGE LIMIT
<i>Also refer to the relevant section of the application instructions and RFP.</i>	
Form A: Face Page – MNsure Grant Application	2 pages
Application Table of Contents	1 page
Executive Summary	1 page
Form B: Applicant Organization - Performance Site(s)	As needed
Key Personnel and Other Significant Contributors	As needed
Form C: Consolidated Budget Summary	1 page
Form D: Budget Details	As needed
Resources	As needed
Project Overview: Proposed Content	10 pages

III. Specific Instructions

Below are the specific instructions for each area and/or form. Use the forms provided, attaching continuation pages as needed within page restrictions.

Form A: Face Page – MNsure Grant Application

General

- The Face Page must be printed on a single page. Form is in a writable pdf format. Enter information either electronically and provide an electronic signature, or print the form and complete all areas providing a signature. The form can then be scanned for electronic submission.
- The information provided on the Face Page must be verified by the official signing for the applicant organization.

Item 1. Responding to the MNsure Funding Announcement

Indicate the title and number of the specific MNsure Funding Announcement to which the application is in response, unless already provided on the Face Page.

Item 2. Applicant Organization

Item 2a. Legal Name of Organization

Enter the name of the single organization that will be legally and financially responsible for the conduct of activities supported by the award.

Item 2b. Legal Address of Organization

Under "mailing address" provide complete information (including room number, building, and street address) necessary for postal delivery.

Item 2c. Telephone and Fax Numbers

Provide a daytime telephone number and, if available, a fax number.

Item 2d. Website / Hours of Operation

Enter the appropriate email address / website url for the organization, along with hours of operation for the primary location.

Item 3. Entity Identification Number

Entity identification number

If the applicant organization has a nine-digit Internal Revenue Service employer identification number (EIN) enter it here or the words "Applied for" to indicate that the organization does not have an EIN but has applied to the local office of the IRS for one.

Item 4. Minnesota Tax Identification Number

Minnesota Tax Identification Number

Enter the Minnesota tax identification number you provide on your tax returns.

Item 5. Type of Organization

Check the appropriate box. Choose the option that most closely fits the applicant organization.

Item 6. Primary Contacts

Item 6a. Primary Contact

Name the applicant organization administrative official to be notified if we have questions regarding the application. Provide a telephone number and e-mail address for the administrative official.

Item 6b. Contract Representative's Name

Name an individual authorized to act for the applicant organization and to assume the legal and oversight obligations for a grant application or a grant award. Provide a telephone number and e-mail address for the contract representative. The contract representative will be the official representative to be notified if an award is made.

Item 7. Individuals involved with preparation of the proposal.

Name all individuals who were involved with preparing the proposal. This will assist with determining potential conflicts of interest. We will contact the Contract Representative with further questions if necessary.

Item 8. Applicant Organization Certification and Acceptance

An original signature and date, in blue ink, is required. Enter the date signed. In signing the application Face Page, the contract representative certifies that the applicant organization will comply with all applicable policies, assurances and/or certifications referenced in the application and RFP.

Table of Contents

Provide the page number for each section of the application as listed on the Table of Contents.

Place page numbers at the bottom of each page, and consecutively number pages throughout the application, including continuation pages generated by the applicant, where allowed. Do not include unnumbered pages, and do not use suffixes, such as 5a, 5b.

Executive Summary

There is no form provided for this section. Applicants will create this section in a narrative format. Keep content within the page limit as listed in the General Instructions section or as otherwise indicated within the specific RFP.

Do not include proprietary or confidential information, or trade secrets in the description section.

Project Summary

The first component of the Executive Summary is a Project Summary. It is meant to serve as a succinct and accurate description of the proposed work when separated from the application. State the application's broad, long-term objectives and specific aims, making reference to the relatedness of the project to the program requirements as defined in the specific RFP. Describe concisely the design and methods for achieving the stated goals. This section should be informative to other persons

working in the same or related fields and, insofar as possible, understandable to a lay reader. Avoid describing past accomplishments and the use of the first person.

Relevance

There is no form provided for this section. Applicants will create this section in a narrative format. Keep content within the page limit as listed in the General Instructions section or as otherwise indicated within the specific RFP.

The second component of the description is Relevance. Using no more than a paragraph, describe the relevance of this project to the mission and goals of MNsure. Be succinct and use plain language that can be understood by a general, lay audience.

Form B: Application Organization - Performance Site(s)

Indicate where the work described in the project will be conducted. Duplicate the form, as needed, to provide the full list of sites.

Key Personnel and Other Significant Contributors

There is no form provided for this section. Applicants will create this section in a narrative format. Keep content within the page limit as listed in the General Instructions section or as otherwise indicated within the specific RFP.

Key Personnel

List all other senior and key personnel in alphabetical order, last name first. For each individual provide the name, organization name (institutional affiliation), and role on the project. Under role on the project, succinctly indicate how the individual will function on the proposed project. Use additional consecutively numbered pages as necessary.

Senior and key personnel are defined as individuals who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not salaries are requested. Key personnel must devote measurable effort to the project.

Other Significant Contributors

List all significant contributors not already listed in key personnel in alphabetical order, last name first. For each individual, provide the name, organization name (institutional affiliation), and role on the project. Under role on the project, succinctly indicate how the individual will function on the proposed project. Use additional consecutively numbered pages as necessary.

This category identifies individuals who have committed to contribute to the execution of the project, but have not committed to any specified measurable effort to the project. Consultants should be included if they meet this definition.

Form C: Consolidated Budget

From the detailed budget information, enter summary information that shows the project's proposed budget by budget category. Include only direct costs in the Section I, including for consortia and contracts. Enter Subtotal and Total where indicated.

Form G: Direct Costs Budget Summary

Budget For. Enter either "Applicant Organization" or the name of the coalition member/contractor that the form relates to.

Budget Year. Enter either "Initial" for the first year of the proposed project period or "Second", "Third", etc.

Start Date and End Date. Enter the date the proposed single-year budget period begins and ends.

Budget Categories. For the remainder of the form, enter the total requested amount for the year for each category, including only the applicant organization's costs in lines 1 through 6 and the total of all consortia/contract costs in line 7.

Total Direct Costs. Enter the total for all lines in line 8.

Form D: Budget Detail

Applications must include detailed information for the entity and for each coalition member and contractor. Compile this required budget information using the following order:

If the proposed budget does not include a request for funding in a particular budget category, include the page with zeros. All budget items must clearly relate to the project and be fully justified.

List only the direct costs, in US dollars. Do not include any items that are treated by the applicant organization or its consortia and contractors as indirect costs.

Direct Personnel Costs Budget Detail

Name. List the names of all applicant organization employees who are involved on the project during the proposed budget period, regardless of whether a salary is requested. Include all collaborating personnel, individuals in training, and support staff.

Role on Project. Identify the role of each individual listed on the project. Describe their specific functions in the Justification section. This includes any "to-be-appointed" positions.

Percentage of Time Devoted to Project. Enter the percentage of time devoted to the project for each person.

Institutional Base Salary. Enter the base salary for each person listed in US dollars.

Salary Requested. Indicate only the dollar amount of salary being requested for the proposed budget period for each individual listed.

Fringe Benefits. Enter the dollar amount of fringe benefits associated with the salaries requested. Fringe benefits may be requested in accordance with the applicant organization's guidelines for each position, provided the costs are treated consistently by the applicant organization as a direct cost to all funders. Provide the basis for costs in the Justification Section.

Cost. Calculate the totals for each position and enter the subtotals at the end of each row, where indicated.

Subtotals for Personnel. Total each column to provide a subtotal for salaries, for fringe benefits, and for total costs.

Budget Justification. Enter a justification for the personnel costs as indicated within the instructions above for this section.

Direct Consultant Costs Budget Detail

Whether or not costs are involved, provide information for all consultants, other than those involved in coalition/contractual arrangements. Include consultants who are confirmed to serve on external monitoring or advisory committees if appropriate.

Consultant Name. Enter the name of the consultant.

Organizational Affiliation. Enter the organizational affiliation for each consultant.

Expected Hours. Enter the number of hours of anticipated consultation for the consultant.

Fees. Enter the expected dollar amount of total compensation.

Travel. Enter the expected dollar amount of travel costs for each consultant, providing the basis for costs and reasons for travel in the justification below.

Other. Enter the expected dollar amount of other costs for each consultant, providing a description of those costs, reasons, and basis in the justification below.

Cost. Enter the sum of all costs for each row in the last column.

Subtotal for Consultant Costs. Enter the total for all lines in the cost column.

Budget Justification. Enter a justification for the consultant costs as indicated within the instructions above for this section.

Direct Equipment Costs Budget Detail

List each item of equipment with dollar amount requested separately. Note: Equipment is an article of tangible, nonexpendable, property having a useful life of more than one year and an acquisition cost of \$5,000 or more, or the capitalization threshold established by the organization, whichever is less.

Item of Equipment. Enter the name or short description of each item of equipment to be purchased. Justify each purchase in the justification below.

Cost. Enter the total dollar amount requested for each item of equipment.

Subtotal for Equipment Costs. Enter the total for all rows in the last column.

Budget Justification. Enter a justification for the equipment costs as indicated within the instructions above for this section.

Direct Supplies Costs Budget Detail

Provide dollar amounts requested for supplies within separate categories. Supplies are non-capital items needed to carry out the project such as office supplies, items needed for work activities, and other items that are consumable and without value after their use or are items that would otherwise be considered equipment but have an acquisition cost of less than \$5,000 or are not capitalized by the applicant organization.

Supply Category. Enter the name or short description of the supply category. Justify each category in the justification below, providing enough information to understand the type of supplies within the category or by itemizing them.

Cost. Enter the total dollar amount requested for each category of supplies.

Subtotal for Supply Costs. Enter the total for all rows in the cost column.

Budget Justification. Enter a justification for the supply costs as indicated within the instructions above for this section.

Direct Travel Costs Budget Detail

Provide dollar amounts requested for travel by individual trip.

Purpose. Enter the reason for the travel, justifying its importance to the project and work activities under justification below.

Destination. Enter the destination for the trip. If the destination is not yet known, enter "unknown" and explain in the justification below.

Number of People. Enter the number of people traveling for each trip for whom funding is being requested. Explain the reason for multiple travelers in the justification below.

Cost. Enter the total dollar amount requested for each trip.

Subtotal for Travel Costs. Enter the total for all rows in the cost column.

Budget Justification. Enter a justification for the travel costs as indicated within the instructions above for this section. Include information on the basis for costs, such as the applicant organization's policy for maximum allowable costs for hotel and per diem.

Other Direct Costs Budget Detail

Itemize all other direct costs that cannot be accounted for in other budget categories. These might include publication costs, computer charges, rentals and leases, equipment maintenance, service contracts, etc.

Itemized Expenses. Enter the name or short description of each item. Fully describe and justify each expense, including its importance to the project.

Cost. Enter the corresponding cost for each item under "Cost," providing the basis for the cost under justification below.

Subtotal for Other Direct Costs. Enter the total for all rows in the cost column.

Budget Justification. Enter a justification for each itemized expense as indicated within the instructions above for this section.

Direct Coalition/Contractual Costs Budget Detail

Enter information for each coalition member or contractor, providing only their direct costs here.

Coalition Member Organization or Contractor. Enter the name of the coalition member or contractor organization. If the name of a contractor is not yet known, enter a brief description of the contract and explain within the justification below.

Cost. Enter the total dollar amount requested for coalition or contractor. Include direct costs only.

Subtotal for Coalition/Contractual Costs. Enter the total for all rows in the cost column.

Budget Justification. Enter a justification for costs as indicated within the instructions above for this section. Include information on the basis for costs and need for the partnership or contract.

Resources

There is no form provided for this section. Applicants will create this section in a narrative format. Keep content within the page limit as listed in the General Instructions section or as otherwise indicated within the specific RFP.

This information is used to assess the capability of the organizational resources available to perform the proposed project. If there are multiple performance sites, describe the resources available at each site.

- Provide information on the facilities to be used in the proposed project in the order identified on Form B: Project/Performance Sites. If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Describe only those resources that are directly applicable to the proposed project.

- Describe how the environment contributes to the probability of success (e.g. physical resources and consumer engagement). Discuss ways in which the proposed work activities will benefit from unique features of the environment or community involvement or will employ useful collaborative arrangements.
- Describe institutional and community investment in the success of the project, such as the availability of organized peer groups; logistical support such as administrative management and oversight, and best practices training; financial support such as protected time for research with salary support; and access to and support of patient groups.

Project Overview – Proposed Content

There is no form provided for this section. Applicants will create this section in a narrative format. Keep content within the page limit as listed in the General Instructions section or as otherwise indicated within the specific RFP.

The Project Overview consists of the following 5 items. Begin each section of the overview with a section header (e.g., Project Description, Experience, Population, Engagement, and Coalition/Contractual Arrangements) and follow the same order as shown below.

1. Project Description
2. Experience
3. Population
4. Engagement
5. Coalition/Contractual Arrangements

Section 1. Project Description and Approach

State concisely the goals of the proposed project and summarize the expected outcome(s), including the impact that the results of the proposed project will have on MNsure objectives as stated in the RFP. Describe the extent to which the proposed project description meets MNsure In-Person Assister Outreach and Service requirements, also describing the capability for innovative program design, including a detailed work plan.

Section 2. Experience

Demonstration of existing relationships within the populations served.

Section 3. Population

Describe populations and geographical area(s) proposed to be served including number of individuals projected to be served and enrolled in health plans.

Section 4. Engagement

State plans for incorporating outreach and enrollment activities and how the entity will demonstrate correlation between outreach activities and successful enrollment of consumers into health care coverage.

Section 5. Coalition/Contractual Arrangements

Explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the coalition/contractor organization(s). If coalition/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

The signature of the Contract Representative's Name on the Face Page signifies that the applicant and all proposed coalition participants understand and agree to the following statement:

The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the applicant organization's coalition agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.