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APPENDIX B – PROPOSAL CONTENT

I. APPLICANT INFORMATION

Entity Name	
Legal Name	
Also Known As	
Mailing Address	
City, State, Zip Code	
Main Entity Phone	
Main Entity Fax	
Email Address	
Website Address	
Indicate One – Non-Profit/ For-Profit/Other	
Accreditation and Expiration Date (if applicable)	
Tax Identification Number or Nevada Business License Number	
DUNS Number	
Primary Organization Contact, Land and Cell Phone Numbers, Email	
Primary Program Contact, Land and Cell Phone Numbers, Email	
Primary Fiscal Contact, Land and Cell Phone Numbers, Email	
NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested	
Amount of Funding Requested	

II. EXECUTIVE SUMMARY

Provide an overview of the proposed program including proposed program activities will be implemented, including but not limited to, enrollment assistance, outreach, and marketing and how each FTE will be providing services to the service area you serve. Limit to one page.

III. ORGANIZATION OVERVIEW

- a. Describe your organization. What is the mission of your organization? What populations and communities does your organization serve? What services does your organization offer? What outreach and education activities does your organization currently perform? Describe the strategic short-term and long-term goals for the organization?
- b. What is the reach and method of your organization? How many individuals and/or families do you serve each year? Does your organization serve communities and populations locally, regionally, or statewide? If awarded, will your agency serve additional rural areas either physically or virtually?
- c. How does your organization's mission align with the goals of this funding opportunity? How does your organization propose to incorporate the goals of this funding with the services, outreach, and education activities you already perform?
- d. Are you pursuing, or have you secured any other funding that targets uninsured and underinsured populations, or provides assistance for enrollment, outreach, and/or education for publicly or privately funded health programs or coverage? Identify the funding sources, indicate the amount requested or secured, and explain the specifics of how the funding will be used. For any funding sources that are pending, indicate when you expect to be notified whether your agency will receive an award. If awarded this grant, do you have or will have personnel to work for this grant only?
- e. How will the project be managed for on-site and walk-in appointments for in-person enrollment assistance? Explain how the project will meet open enrollment goals during the open enrollment period? What tools and technology does your organization propose to use to provide enrollment assistance and other direct services? How will you conduct outreach, enrollment, education, and other consumer assistance functions?

IV. SERVICES TO BE PROVIDED

- a. Please explain how your project will best serve the Exchange's mission and have a positive impact in reducing the number of uninsured and underinsured Nevadans. Be specific about the strategies you will use and why you think they will be effective.
- b. Provide a detailed description of how your organization will engage the estimated 77,000 uninsured Nevadans who are eligible for subsidized coverage through the Exchange, and how you plan to get them to enroll in coverage. Be specific about the strategies you will use, and how you will measure their impact and results.

- c. How will your organization support and conduct consumer enrollment into qualified health plans and/or publicly funded health care programs to uninsured and underinsured Nevadans? What will be your availability to work during the holiday season for Open Enrollment Period (OEP)? What will you be doing during the time of non-open enrollment period? What measures will you deploy for targeting Nevadans for potential Qualifying Life Events (QLEs) throughout the year?
- d. How will you work with community partners to achieve the goals of this program? Have you worked with community partners before? What was the outcome of previous partnerships?
- e. What days and hours do you provide services? Are you available on the weekends and holidays for outreach, education, and enrollment activities? What is your current minimum number of staff needed to attend outreach events? If any equipment is needed for outreach, education, and or enrollment, i.e. tent, tables etc. what is the minimum- maximum allowed weight?
- f. Describe the outreach, enrollment, and education activities your organization will conduct, including the numbers of events you will hold and attend, and the estimated audience you will reach, to help raise awareness about the Exchange. Describe what you will do to impact the rural areas of Nevada; be specific to which rural areas, if any. Can you attend outreach events over a 55-mile radius of your agency? If not, what is the farthest your agency is willing to drive for outreach, education, enrollment activities?

V. COMMUNITY FOCUS

- a. Please describe your community network and community focus, as it relates to the requirements outlined in Attachment A.
- b. How have you established trusted relationships with underserved populations or those who are disproportionately without access to coverage or care?
- c. How will you ensure that your program will deliver services in a manner that is culturally and linguistically appropriate?
- d. Do you currently have in place other programs for minorities, underserved, and or uninsured populations? If so, which programs and are these the same individuals that will be working on the Navigator/IPA grant?

VI. POPULATION TO BE SERVED

- a. What populations will you serve? Include any plans you have to target populations that are vulnerable or underserved (e.g., young adults, immigrants, ethnic and minority groups, rural populations, and LGBTQ populations, etc.).
- b. To the extent practicable, the funding associated with this Request for Application (RFA) should be targeted to populations that are uninsured or underinsured with incomes within the 138% to 400% Federal Poverty Level range. How will your project address this objective?

- c. Are you willing to drive more than 55 miles for events, outreach, education, enrollment, and or marketing to communities and/or rural areas throughout the state? If not, how far can you drive from your agency to perform these services?
- d. For the targeted populations in Question VI a, please describe the steps you will take to identify and conduct outreach, enrollment, education, and/or marketing to the target populations. List any partners or resources that will assist in your efforts.

VII. STAFF AND FISCAL CONTROLS

- a. Provide a list of key personnel including the Executive Director, Program Manager, Fiscal manager, and program staff and whether the personnel are employees or independent contractors. A resume shall be included for each proposed key personnel responsible for performance under any funding awarded resulting from this RFA.
- b. Please describe your organization's fiscal and internal controls and provide copies of written policies and procedures i.e. standard operating procedures, employee handbook, etc. you have.
- c. How will your organization ensure that it is in compliance with all laws, regulations, insurance, Grant Instructions and Requirements, and other ruling documents that are associated with these funds? Have you withdrawn or been terminated from other grants or awards due to non-compliance or funding issues?
- d. How will your organization ensure that it will maintain the proposed number of Exchange Enrollment Facilitators, and personnel needed for this program?

VIII. ADDITIONAL INFORMATION

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

IX. CERTIFICATION

Verify that your organization has read, understands, and agrees to the Grant Conditions, Assurances, and the Grant Instructions and Requirements. An authorized staff person from the applicant organization must sign and date below.

Signature, Title

Date

Silver State Health Insurance Exchange
Request for Navigator/IPA Entity Grant Applications July 1, 2025, to June 30, 2027