

ISSUED BY:

**The National  
Council on  
Aging's Center  
for Benefits  
Access**

Released April 2021



## REQUEST FOR PROPOSALS (RFP)

# Grant Invitation and Application Instructions for New BECs

### Funding Opportunity Title: Benefits Enrollment Center Grants

**Grant Interest Area:** The focus of this grant is to enhance access to benefits for qualifying low-income Medicare beneficiaries through a Benefits Enrollment Center (BEC) approach. Special consideration will be given to agencies serving areas that are not currently served by a BEC and agencies who are focused on serving NCOA's target populations. Examples include people residing in rural areas, border communities, immigrants, African Americans, Asian Americans, Hispanic/Latinos, members of tribal communities residing on and off reservation land, people with disabilities, members of the LGBTQ community, those with limited English proficiency (LEP), and veterans. The current BEC locations can be found here: <https://www.ncoa.org/article/meet-our-benefits-enrollment-centers>.

*Current BECs are not eligible for this opportunity. Current BECs should reference the Grant Invitation and Application instructions for sustainability funding. Organizations that have been funded in the past as BECs are not eligible for this funding.*

**KEY DATES:** Letter of Intent opens Tuesday, May 4, 2021 at 9 a.m. ET  
Application due Thursday, July 1, 2021 at 12 p.m. ET

## Funding Opportunity Description

The National Council on Aging's (NCOA) Center for Benefits Access (the Center) will provide grants for a 12-month period (October 1, 2021 to September 29, 2022) to selected organizations for the implementation of Benefits Enrollment Centers (BECs). BECs use person-centered strategies in a coordinated, community-wide approach to find and enroll Medicare beneficiaries—both older adults aged 65+ years and adults living with disabilities — who have

limited income and resources to access available benefits, with the primary focus being on the following five core benefit programs:

- Medicare Part D Extra Help (or Low-Income Subsidy, LIS)
- Medicare Savings Programs (MSP)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)
- Low-Income Home Energy Assistance Program (LIHEAP)

Organizations eligible to apply for BEC grants include state or community-based nonprofit organizations, government agencies, and faith-based organizations addressing the needs of older adults and younger adults with disabilities. Grants of up to \$100,000 each will be awarded to selected organizations.

Organizations must be able to provide application assistance for Medicare beneficiaries for all of the five core benefits for which they are eligible during the 12-month period. Grantees are encouraged to assist clients with applications for programs beyond the five core benefits, in keeping with the principles of the person-centered approach. Special consideration will be given to agencies serving areas that are not currently served by a BEC and people who have been disproportionately impacted. Examples include people residing in rural areas, border communities, immigrants, African Americans, Asian Americans, Hispanic/Latinos, members of tribal communities residing on and off reservation land, people with disabilities, members of the LGBTQ community, those with limited English proficiency (LEP), and veterans. The number of people assisted will vary depending on the BEC model.

Applicants are **required** to submit a simple letter of intent beginning Tuesday, **May 4, 2021 at 9a.m. ET**. A link to complete the application will be sent to those who submit a letter. Those who do not submit a letter of intent by the deadline but would like to apply must still submit a letter of intent in order to receive the application guidance. **Proposals are due by 12 p.m. ET on Thursday, July 1, 2021.**

### ***About the National Council on Aging***

The National Council on Aging (NCOA) is the national voice for every person's right to age well. We believe that how we age should not be determined by gender, color, sexuality, income, or zip code. Working with thousands of national and local partners, we provide resources, tools, best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, we are the oldest national organization focused on older adults. Learn more at [www.ncoa.org](http://www.ncoa.org) and @NCOAging.

NCOA's BenefitsCheckUp® is a free web-based tool for determining eligibility for thousands of programs for older adults and individuals with disabilities—a tool with a dramatic increase in usage since the COVID-19 pandemic. Since its launch in 2001, nearly 9 million people have used BCU to find more than \$35 billion in annual benefits. Designed for use by older adults, persons with disabilities, caregivers, and professionals working in a wide variety of community and state organizations, BCU maintains information on more than 2,500 benefits programs at the federal, state, and local level.

### ***About NCOA's Center for Benefits Access***

Funded by the U.S. Department of Health and Human Services Administration for Community Living (ACL), NCOA's Center for Benefits Access:

- Funds and establishes BECs throughout the country;
- Fosters the use of cost-effective benefits outreach and enrollment strategies by BECs and others in the aging and disability services provider networks to find and enroll Medicare beneficiaries with limited means into public benefits;
- Promotes the use of web-based decision support, screening, and enrollment tools among the aging and disability services networks, consumers, families, and caregivers;
- Maintains, updates, and enhances the usability of current benefits screening and enrollment systems;
- Provides training and technical assistance to BECs and to the larger aging and disability networks regarding cost-effective strategies, promising practices, and other topics related to benefits outreach and enrollment;
- Maintains an online information clearinghouse of promising practices related to benefits outreach and enrollment; and
- Serves as the resource center for states, territories, the District of Columbia, and tribal entities that receive funding under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 and subsequent legislation, providing training, collecting data, and disseminating information and best practices to grantees.

More information about the Center can be found at [www.ncoa.org/professionals/benefits/center-for-benefits-access](http://www.ncoa.org/professionals/benefits/center-for-benefits-access).

## **The BEC Program**

The goal of the BEC program is to promote lasting transformations to the ways in which older adults and adults living with disabilities are assisted with enrolling in and retaining the benefits for which they are eligible. There are many strategies that can be used to accomplish this goal, and applicants are encouraged to incorporate (and customize) the strategies that will be most effective in their proposed target area. Some examples of these strategies can be found in the Center's Promising Practices clearinghouse at [www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/promising-practices](http://www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/promising-practices).

### ***Person-Centered Approach***

A person-centered approach takes the total needs of a person into account, not just the need for a particular benefit, and involves not only informing people about benefits and eligibility criteria, but also assisting them in navigating the application and recertification processes. A person-centered approach recognizes that one call or meeting with an individual may not be sufficient to meet all of his or her needs, and thus requires having systems in place to sustain contact with and continue assisting the same individual over a period of time. This type of comprehensive system is both more seamless for consumers, in that it reduces their burden and duplication of effort, and more efficient with regard to demands upon state and federal resources. Research has consistently demonstrated that community-based organizations, using a one-on-one person-centered approach, are the most effective at successfully identifying and assisting potentially eligible individuals for need-based programs.

### ***Coordinated Community Approach***

The purpose of these grants is to develop and implement *coordinated, community-wide, person-centered, and more seamless systems* for finding, enrolling, and retaining Medicare-eligible older adults and/or adults with disabilities in all the public benefits for which they are eligible.

An integral part of this process will be *community mapping* – determining the right partners who need to be engaged, defining the appropriate roles and commitment levels for each of the partners, and working together to determine which outreach and enrollment strategies will best fit the community being served. Coordinated community approaches should strengthen relationships with government agencies determining eligibility for benefits and members of the aging and disability network such as state Medicaid agencies, State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Centers for Independent Living (CILs), Area Agencies on Aging (AAAs) Aging and Disability Resource Centers (ADRCs), and No Wrong Door (NWD) system.

Applicants should propose to employ the community-specific approach (or combination of approaches) that will enable them to be most effective and cost-efficient in improving and creating sustainable change to the current systems and processes within the communities that they serve, and to use promising practices within their chosen approach(es). Applicants should describe their approaches to effect meaningful improvement to finding, enrolling, and facilitating the retention of eligible persons in benefits programs.

#### ***Application Completion and Submission is the Primary Goal***

NCOA recognizes that there are complementary activities needed to achieve the ultimate goal of maximizing the number of Medicare beneficiaries with limited means who enroll in public benefits. ***However, the primary focus of this grant is assisting Medicare beneficiaries with completing and submitting applications for benefits programs.*** Applications that focus solely on outreach and/or education will not be funded.

In addition, we recognize that while using effective technological tools to screen, track, and assist individuals with applying for benefits is critical to developing a seamless system of benefits enrollment, some geographic areas will lack broadband or other capabilities to use technology in these ways. Where the capabilities do exist, we would expect technological solutions to play an integral role in proposals.

#### ***Follow-Up with Individuals Assisted***

Conducting follow-up conversations and activities to ensure that applications are successfully completed and submitted, that any problems are resolved, and that benefits are being received is an important element of seamless community systems of benefits enrollment.

When problems are discovered through the follow-up process, the BEC is expected to reach out to the individual, the family, and/or the relevant agency determining eligibility to resolve delays, other issues in eligibility determination, and to understand and address any inappropriate denials. The proposed approach should generally ensure that individuals actually receive the benefits for which they are eligible.

Follow-up also allows for confirmation that the individuals are receiving the benefits for which they applied and to provide additional assistance and education, including ensuring that individuals retain these benefits through recertification as necessary.

## **Eligibility and Selection Criteria**

Entities eligible to apply for grants under this program are limited to the types of organizations listed below:

- Public or nonprofit providers of services to older adults or adults with disabilities, including, but not limited to: Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Centers for Independent Living (CILs), community health centers, or senior centers;
- Faith-based organizations;
- State and local government agencies serving older adults or adults with disabilities; or
- Agencies who are focused on serving NCOA's target populations. Examples include people residing in rural areas, border communities, immigrants, African Americans, Asian Americans, Hispanic/Latinos, members of tribal communities on and off reservation land, members of the LGBTQ community, people with disabilities, those with limited English proficiency (LEP), veterans, or others as defined by the applicant.

Organizations that have been funded in the past as BECs are not eligible for this funding.

**All proposals must include an implementation plan for the applicant's outreach and enrollment activities, budget and budget narrative, and letters of commitment from intended partners that express the specific role they will play in implementing the proposal.** (*Guidelines for the project implementation plan are included in Attachment A.*)

Proposals that do not include all of these components, or that do not propose activities that satisfy the requirements of the BEC program (see the description under "The BEC Program," above) will be eliminated from consideration immediately. In assessing the quality of each proposal submitted, the Center will consider:

- Commitment to assist target number of Medicare beneficiaries in submitting applications or recertification for all eligible benefits;
- Demonstrated understanding of and commitment to need-based benefits outreach and enrollment;
- A successful track record working with older adults and/or adults living with disabilities in your proposed target area, especially with low-income audiences or, as appropriate, other audience segments (e.g., underserved populations);
- Plans for identifying likely eligible persons in your target populations, such as through community referrals, use of lists, etc.;
- Plans for assisting individuals with applying for multiple core benefits;
- Demonstrated and specific commitment of intended partners, including the role the partner will undertake;
- Demonstrated understanding of the technical capacity and resources necessary to carry out the project;
- Commitment to use BenefitsCheckUp<sup>®</sup> ([www.benefitscheckup.org](http://www.benefitscheckup.org)) for screening for all benefits and enrollment in LIS;
- Commitment to provide monthly reporting data through a designated web-based tool (see Attachment B for required data points);
- Commitment to participate in ongoing information-sharing and learning opportunities with other grantees and with national staff;
- Commitment to participate in overall evaluation of the grant projects;
- Plans for sustaining promising or successful systemic activities after grant funding



- concludes;
- Commitment to NCOA’s [Equity Promise](#); and
- Commitment to leveraging other resources to increase the number of people served.

NCOA requires each finalist to participate in pre-decision interviews (via Zoom). The interview requires all proposed key staff members to be in attendance. Specific selection criteria and additional guidance on proposals are contained in Attachment A.

Each application will be scored to a total of 100 points. Please see Attachment A for required elements of the Implementation Plan. Each section of the application will be allocated a maximum potential number of points. These scores will provide a primary, but not exclusive, basis for determining final approval. NCOA reserves the right to approve grantees based on a composite of factors, including review of most recent Audited Financials or 990 Tax Form.

- Statement of Need [10 points]
- Plan Objectives and Work Plan [15 points]
- Target Area and Populations [15 points]
- Description of Approach [35 points]
- Management and Organizational Capacity [15 points]
- Budget [10 points]

Any applicant proposing work in an area served by a current BEC must explain how their system and impact would substantially enhance or differ from the impact of the current BEC. A list of the current BECs is available at: <https://www.ncoa.org/article/meet-our-benefits-enrollment-centers>.

## **Program Direction and Technical Assistance Resources**

NCOA will provide overall direction for the program and technical assistance, training, and tools to grantees to assist them in maximizing enrollment in needed benefits. **Selected grantees will have a period of 30 days to be up and running.**

Grantees will be expected to:

- Designate a full-time program-level staff member to serve as the coordinator, who will take major responsibility for working with NCOA on program components including the design, implementation, and evaluation of the project;
- Submit programmatic and financial reports in a timely manner;
- Use BenefitsCheckUp® for screening all benefits and enrolling clients in LIS and other benefits (applicants targeting areas where access to the internet is unreliable are permitted to propose an effective screening process that is not web-based);
- Participate in regular conference calls and web surveys;
- Respond in a timely manner (within 1 business day) to NCOA inquiries and requests via email or telephone;
- Share information and “lessons learned” with fellow grantees and NCOA staff;
- Send at least one staff member to NCOA’s Age+Action Conference;
- Participate in an overall evaluation of the grant program; and
- Provide monthly web-based reports of outreach and enrollment figures, including numbers of applications submitted for core benefits programs (see Attachment B for data points), beginning with the second month of funding.
- NCOA has gathered tools and resources to assist organizations that would like to

implement the BEC approach in their communities. The BEC toolkit (found at [www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/tools-training](http://www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/tools-training)) includes:

- A readiness tool to determine whether your organization is ready to implement the BEC approach with the clients or community you serve;
- An implementation guide that walks your organization step-by-step through all of the considerations necessary to be ready to implement the BEC approach in your community;
- Comprehensive links to all the resources and materials you'll need to get started, including:
  - Basic information on the core benefits programs for low-income older adults and younger persons with disabilities.
  - Lessons learned from existing BECs about implementing a person-centered approach to benefits access in their communities
  - Sample templates for setting up your BEC, including staff policies & procedures manuals, training agendas, client tracking forms, and job descriptions.
  - Examples of successful outreach strategies and materials you can adapt for your community.

## Use of Grant Funds

This project is supported, in part by grant number #90MINC0002-01-02, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy." (HHS Grants Policy statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>)

## How to Apply

1. **Letter of Intent.** Organizations intending to apply for funds under this program are **required** to submit a letter to the Center indicating their intent to apply beginning **Tuesday, May 4, 2021 at 9 a.m. ET** using the form at [https://webportalapp.com/sp/22\\_ncoa\\_bec](https://webportalapp.com/sp/22_ncoa_bec). This letter, which will assist us in ensuring a robust review process, is non-binding and does not need to describe the proposed project.
2. **Application.** Applicants must submit an electronic proposal describing the project and the applicant, with background relevant to the issues outlined in these guidelines. This proposal must include:
  - An implementation plan for outreach and enrollment activities (Attachment A);
  - A budget (Attachment C) and narrative explaining this budget;
  - Letters of commitment from community partners if included in the proposed model. The letters should include an explanation of the role they intend fill in the BEC; and
  - The project director and key employees' resume(s).

Proposals must follow the character count outlined in Attachment A. Character count includes

spaces. The letters of commitment, project director's resume, key employees' resumes, work plan, budget, and budget narrative have no character limitation.

All proposals should be submitted **electronically no later than Thursday, July 1, 2021 by 12 p.m. ET** through the web-based system. Electronic submission guidance will be emailed to the email address specified on the letter of intent. Emailed submissions will not be considered. All sections of the proposal must be submitted by this deadline; NCOA will not accept any materials submitted late, and we will not be able to review incomplete proposals. Applications will be reviewed by a panel of national experts. Applicants selected to receive grants will be notified by September 1, 2021.

### **Inquiries**

All inquiries regarding this RFP should be **emailed** to [BECProposals@ncoa.org](mailto:BECProposals@ncoa.org).

### **Timeline**

|                          |   |
|--------------------------|---|
| May 4, 2021, 9 a.m. ET   | Letter of intent to apply opens at:<br><a href="https://webportalapp.com/sp/22_ncoa_bec">https://webportalapp.com/sp/22_ncoa_bec</a>  |
| May 6, 2021, 2 p.m. ET   | Optional, Informational webinar<br><i>Webinar will address the grant requirements and how to apply for this opportunity. Session will be recorded and distributed to those submitting letters of intent.</i>  |
| June 1, 2021 12 p.m. ET  | Grant Application Opens   |
| June 3, 2021, 2 p.m. ET  | Optional, Informational webinar<br><i>This live session is intended to address frequently asked questions about the grant requirements and the application process. Webinar will be recorded and distributed to those submitting letters of intent.</i> |
| July 1, 2021, 12 p.m. ET | Deadline for submission of grant proposals  |
| September 1, 2021        | Notification of applicants selected to receive grants   |
| October 1, 2021          | Selected organizations begin work   |



## Attachment A - Benefits Enrollment Center Implementation Plan

**Character limits include spaces.**

*\* indicates optional.*

**Five core benefits:** Medicare Part D Extra Help (LIS), Medicare Savings Programs (MSP), Medicaid, Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), and Low-Income Home Energy Assistance Program (LIHEAP)

### Plan timeframe

October 1, 2021 through September 30, 2022

1. BEC Readiness

Please complete the readiness assessment at <https://ncoa.tfaforms.net/373964>

2. Applicant information:

Organization Name

Project Director

Street Address

City/State /Zip

Telephone

E-mail

Hours of Operation

\*Website

\*Organizational Facebook, Twitter, and/or LinkedIn

Has agency applied for funding from NCOA in the past 5 years? Please list previous programs.

3. Statement of need [10 points]

- a. Why is a BEC necessary in your target area? In your response describe the current system used for benefits outreach and enrollment for Medicare beneficiary older adults and adults living with disabilities in your proposed target area. *(1,500 character limit)*
- b. What *unique* impact can your organization make to improve access to benefits in your proposed target area? *(1,500 character limit)*

4. Target area and populations [15 points]

- a. What is the general description of your target area? Is your service area mostly urban, rural, or a mix of these two? Please select one. The online grant system will allow you to select which best describes your service area.
- b. Identify the specific geographic area(s) your proposed project will serve –list the city(ies), county(ies), or statewide. *(500 character limit)*
- c. Please select the special populations that you intend to target and serve during this grant:
  - i. Rural older adults
  - ii. Border community
  - iii. Immigrants
  - iv. African Americans
  - v. Asian Americans

- vi. Hispanic/Latinos
  - vii. Tribal communities residing on and off reservation land
  - viii. People with disabilities
  - ix. Members of the LGBTQ community
  - x. Those with limited English proficiency (LEP)
  - xi. Women
  - xii. Veterans
- d. For each target population selected above, please describe the planned targeted outreach effort for that population. (1,500 character limit)
5. Plan objectives and work plan [15 points]
- a. How many Medicare beneficiaries will your agency assist with applications for the five core (MSP/LIS/LIHEAP/Medicaid/SNAP) and optional benefits? Please note that you must assist 500 clients at minimum. Since the focus is for all people to be assisted with all the benefits for which they are eligible, please include local benefits in your area, taking into consideration the person's overall benefit needs. On average, each client should be assisted with 1.75 benefit applications.
  - b. Provide a work plan by goal with milestones. (No character limit, see Attachment D for template)
6. Description of Approach [35 points]
- a. Describe the approach your organization will use to find, reach out to, and enroll older adults and adults living with disabilities with Medicare who have limited income and resources into the five core benefits. (6,000 character limit)
  - b. Describe how you will coordinate your outreach and enrollment efforts with Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Centers for Independent Living (CILs), community health centers, senior centers, and/or other relevant agencies in your community/state. Identify partner organizations and indicate the specific roles that these partners will play in your project. *A letter of commitment is required from each partner organization identified here. The letter of commitment should include agreed upon the roles and responsibilities of each partner agency to the BEC's overall goals during the grant period.* (3,000 character limit)
  - c. Describe your organization's experience completing applications and working with the administering agencies for each of the core benefits (SNAP, LIS, MSP, Medicaid, and LIHEAP). If you don't currently assist applicants with one or more of these benefits, please describe your plan to integrate enrollment assistance into your work (include required training to enroll clients in specific benefits, staff roles and responsibilities, current partnerships with administering agencies, and current knowledge of the enrollment process). (6,000 character limit)
  - d. Describe how you will track your agency's work. What case management tools do you currently use to track clients? (1,000 character limit)
  - e. Please describe alternative solutions for instances where your agency's proposed approach does not work as expected. (3,000 character limit)
  - f. Is your agency committed to using BenefitsCheckUp® as a screening tool? If not, what alternative screening tools will you use in the program and why? (1,500 character limit)
7. Management and Organizational Capacity [15 points]

- a. Describe the Project Director's role, relevant experience, and time commitment to the operation of the BEC. **This role cannot be filled by executive level staff.** (1,000 character limit)
  - b. Identify other key staff, relevant experience, role, and time commitment to this project. (2,000 character limit)
  - c. If applicable, discuss how volunteers will be utilized, recruited, trained, and managed. (3,000 character limit)
  - d. Explain how this project fits with your organization's mission and other programs. (3,000 character limit)
  - e. If applicable, describe how your organization addresses language barriers for non-English speakers? (3,000 character limit)
    - i. If your organization has translation capacity can you extend this resource to NCOA or other NCOA partners? Please include cost estimate in your answer.
  - f. What is the total budget for your BEC program, including this grant? (100 character limit)
  - g. Describe your organization's other funding sources. (2,000 character limit)
    - i. Please include top 5 financial supporters for Benefit Enrollment Center(s) in the last completed fiscal year. Provide amount given and % of your organization budget. Please use this format: Organization name - Amount - Percent of Budget Example: ABC Foundation - \$10,000 - 12%
  - h. Describe how your program will continue after grant funding ends. Include how you will embed the BEC into different components of your organization. (2,000 character limit)
8. Budget [10 points]
- a. Complete the spreadsheet on the budget (Use Attachment C as a reference) and narrative justification in the online form. *Note: Subtotal and grand total fields will automatically populate when entering values in the personnel and other direct cost fields.* Budget should include \$2,000 for the Project Director to attend NCOA's national Age + Action conference in 2022.
9. Financials
- a. Upload a pdf version of your most recent:
    - i. Form 990 Tax Form
      1. Note: If your agency is not required to complete a Form 990, you may upload your agency's Audited Financials here instead.
    - ii. Agency W-9 Form

## Attachment B - Data Elements and Definitions

**Reporting:** Grantees will be required to provide monthly web-based reports of the number and demographics of clients assisted as well as the number and type of applications submitted. The monthly reports will be required over the full duration of the grant. Additionally, the grantee will be required to submit narrative and financial reports. NCOA reserves the right to change the data elements required in the monthly report at any point during the grant period. Below are the data elements current grantees are required to report on a monthly basis:

1. # of clients assisted with submitting at least one application or renewal for any benefit to an administering agency
2. Client demographics (reported in aggregate numbers)
  - a. Age group (18-49, 50-59, 60-64, 65-74, 75 and older)
  - b. Gender (Male, Female, Other)
  - c. Race and Ethnicity (American Indian or Alaskan Native, Asian or Asian American, Black or African American, Hispanic, Latino, or Spanish Origin, Native Hawaiian or Pacific Islander, White, Two or more races)
  - d. Annual Household Income (<\$10k, \$10,000-14,999, \$15,000-19,999, \$20,000-24,999, \$25,000-29,999, \$30,000 or more)
  - e. Marital status (single, married, married living separately, divorced, widowed)
  - f. Health status based on clients' perceptions of their own health (excellent, very good, good, fair, or poor)
  - g. Disability status
  - h. Veteran status – number of clients who have served in the military-
  - i. LGBTQ - number of clients that self-identify as LGBTQ
3. Successes and challenges with reaching goal, outreach, and client follow-up
4. # of applications and renewals by benefit (re-certifications count as an application):
  - Part D Low-Income Subsidy (LIS/Extra Help)
  - Medicare Savings Program (MSP)
  - SNAP/Food Stamps
  - Medicaid
  - Low-Income Home Energy Assistance (LIHEAP)
  - Supplemental Security Income (SSI)
  - Social Security Disability insurance (SSDI)
  - Prescription benefits other than Part D (e.g., SPAPs)
  - Tax benefits (e.g., property tax relief, EITC, CTC)
  - Veteran's benefits (e.g., pensions, VA medical care)
  - Housing subsidies (e.g., public housing, Section 8, rental subsidies)
  - Lifeline
  - Public assistance (TANF, TTANF, BIA General Assistance)
  - Unemployment insurance
  - Subsidized transit benefits
  - Other home benefits (e.g., Weatherization, Section 504 Home Repair)
  - Other food benefits (e.g., WIC, TEFAP, CSFP, FDPIR)

As the Reporting Agency for this effort, you are responsible for collecting the above data elements from all of your partners and submitting them via the reporting tool no later than the **15<sup>th</sup> of the following month**. These elements are collected on a monthly basis and do not include additional open-ended questions or financial reports that are required for the grant's interim and final reports.

## Attachment C - Proposed Budget

Provide detailed budget information below, **with a separate page(s) for narrative justification**. Budget should include \$2,000 for the Project Director to attend NCOA's Age+Action conference in 2022. Note: Each applicant determines the allocation of the 15% match requirement (cash or in-kind) as reflected in the budget spreadsheet below.

**Organization Name**  
**Project Director**  
**Fiscal Director**  
**Fiscal Director Phone Number**  
**Grant Period (start to end)**  
**Date submitted**

|    | CATEGORIES                 | BUDGET |  |
|----|----------------------------|--------|--|
|    | <b>PERSONNEL</b>           |        |  |
| 1  | DIRECT LABOR               |        |  |
| 2  | FRINGE BENEFITS            |        |  |
| 3  | <b>PERSONNEL TOTAL</b>     |        |  |
|    | <b>OTHER DIRECT COSTS</b>  |        |  |
| 4  | TRAVEL                     |        |  |
| 5  | PRINTING/DUPLICATION       |        |  |
| 6  | SUPPLIES                   |        |  |
| 7  | TELEPHONE                  |        |  |
| 8  | POSTAGE                    |        |  |
| 9  | ADVERTISING                |        |  |
| 10 | EQUIPMENT                  |        |  |
| 11 | CONSULTANTS/SUBCONTRACTORS |        |  |
| 12 | OTHER                      |        |  |
| 13 | <b>OTHER DIRECT TOTAL</b>  |        |  |
| 14 | <b>INDIRECT COSTS*</b>     |        |  |
| 15 | <b>GRAND TOTAL</b>         |        |  |

\*If requesting indirect costs, use of funds must adhere to federal indirect cost guidelines. For details, review the HHS Grants Policy statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

## Attachment D - Project Work Plan

This work plan will be used as a guide for your project. It is an outline of a set of goals and processes by which a team can achieve the identified goals. Set as many goals (at minimum 3 goals) as necessary to meet the overarching goals of the project. Example of a goal follows.

| <b>Goal: Conduct outreach to at least 5,000 Medicare beneficiaries.</b>  |   |   |   |  |                   |
|--|---|---|---|--|-------------------|
| <b>Key Action Step(s)</b>  | <b>Timeline</b>   | <b>Expected Outcome(s)</b>  | <b>Measurement(s)</b>   | <b>Person / Area Responsible(s)</b>  | <b>Comment(s)</b> |
| 1. Create outreach plan<br><br>2. Train outreach staff on the BEC project<br><br>3. Conduct 2 outreach events per month<br><br>4. Evaluate outreach plan and implement necessary changes | Jan – Feb 2022<br><br>March 2022<br><br>March – September 2022<br><br>Quarterly | 5,000 Medicare beneficiaries will be educated on the core benefits and will have the opportunity to work with a counselor to apply for benefits if they'd like. | a. # of outreach activities (e.g., events held in a variety of settings: senior centers, libraries, pharmacies, etc.; mailings; or outbound calls) to educate individuals about any of the core benefits for which they may qualify, eligibility criteria for the benefits, the availability of online screening and enrollment tools, and how to apply for benefits<br><br>2. # of individuals reached through outreach activities | 1. Project Director<br>2. Communications Manager<br>3. Outreach Coordinator<br>4. Volunteers |                   |