



REQUEST FOR PROPOSALS (RFP)

GRANT INVITATION AND APPLICATION INSTRUCTIONS

ISSUED BY:

The National Council on Aging's Center for Benefits Access

Released September 25, 2017

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 areas that are not currently served by a BEC. The current BEC locations can be found here: www.ncoa.org/centerforbenefits/becs/meet-the-becs/.

Current BECs are not eligible for this opportunity and may only apply for sustainability funding through a separate RFP. Organizations that have been funded in the past as BECs are not eligible for this funding.

Key Dates: **Optional Notice of Intent due Thursday, October 12, 2017 at 12 p.m. ET**
 Application due Wednesday, November 1, 2017 at 12 p.m. ET

Funding Opportunity Description

The Center for Benefits Access (the Center) at the National Council on Aging (NCOA) will provide grants for a 18-month period to selected organizations for the implementation of Benefits Enrollment Centers (BECs). BECs use person-centered¹ strategies in a coordinated, community-wide approach to find and enroll Medicare beneficiaries—both seniors aged 65+ years and adults living with disabilities — who have limited income and resources into 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.

Organizations must be able to provide application assistance for at least 500—1,100 Medicare beneficiaries for all of the five core benefits for which they are eligible during the 18-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. Applicants are required to match 15% of their funding under this grant through a cash or in-kind match. Grants of up to \$100,000 each will be awarded to selected organizations.

Applicants are **strongly encouraged** to submit a simple notice of intent by **Thursday October 12, 2017 at 12 p.m. ET**. A link to complete the application will be sent to those who submit a notice. Those who do not submit a notice of intent by the deadline but would like to apply must still submit a notice of intent in order to receive the application guidance. **Proposals are due by 12 p.m. ET on Wednesday, November 1, 2017.**

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

About the Center

Funded by the U.S. Department of Health and Human Services Administration for Community Living (ACL), the 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;

¹ A “person-centered” approach is one in which someone is screened for and assisted with applying for multiple benefits at one time, based on that individual’s needs.

- 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, and the District of Columbia 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/centerforbenefits.

About NCOA

The National Council on Aging (NCOA) is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. Our mission is to improve the lives of millions of older adults, especially those who are struggling. Through innovative community programs and services, online help, and advocacy, NCOA is partnering with nonprofit organizations, government, and business to improve the health and economic security of 10 million older adults by 2020. Learn more at ncoa.org and @NCOAging.

NCOA's BenefitsCheckUp® is the nation's most comprehensive, free online service to screen seniors with limited income for benefits programs. It includes more than 2,000 public and private benefits programs from all 50 states and the District of Columbia. More than 6 million people have used BenefitsCheckUp® to identify benefits valued at over \$21 billion to help them pay for medicine, food, health care, rent, utilities, and other daily needs. Learn more at BenefitsCheckUp.org.

The BEC Program

The Center will provide grants to state and/or community-based organizations for a period of 18 months (January 1, 2018 to June 30, 2018) with the goal of maximizing enrollment of the defined population into need-based public benefits. Selected agencies will submit applications on behalf of Medicare beneficiaries (seniors aged 65+ or adults living with disabilities) for all of the benefits for which they are eligible. The number of people assisted will vary depending on the BEC model.

The goal of the BEC program is to promote lasting transformations to the ways in which seniors 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 <https://www.ncoa.org/centerforbenefits/promising-practices/>. Strategies can include:

- Utilizing list-based, data-driven outreach, in which an organization partners with state government agencies to share personally identifiable data on individuals enrolled in certain benefits.
- Deputizing community-based organizations, in which a state agency establishes a collaborative

relationship with organizations, partnering with them to complete and submit applications on behalf of clients, troubleshoot problems that can develop after submission, and ensure that clients understand, use, and retain these important benefits.

- Partnering with governmental entities to collaborate on follow-up to beneficiaries around recertification.
- Employing effective targeted outreach methods that use multiple strategies (such as outbound calls and mailings) to inform seniors and adults living with disabilities about benefits they may be eligible for and encourage them to seek assistance.

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.

All grantees are expected to implement a person-centered approach to find and enroll low-income Medicare beneficiaries in all the need-based public benefits for which they may be eligible. The primary focus is on the five core benefits:

- Medicare Part D Extra Help (LIS)
- Medicare Savings Programs (MSPs)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP, formerly called the Food Stamp program)
- Low-Income Home Energy Assistance Program (LIHEAP)

All applicants must commit to screening and assisting individuals with applications for all five core benefits. It is important that applicants are knowledgeable about these core benefits, including their eligibility criteria and application processes. Grantees are encouraged to assist beneficiaries with benefits outside of the five core benefits and to think of the individuals' needs holistically.

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 seniors 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.

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 Chief Goal

The Center 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 the use of 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 seniors 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 serving specific hard-to-reach populations, such as people residing in rural areas, members of native tribes, people of color, members of the LGBT community, those with limited English proficiency (LEP), those recently released from incarceration, 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 executive summary, 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 seniors and 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 play;
- Demonstrated understanding of the technical capacity and resources necessary to carry out the project;
- Commitment to use BenefitsCheckUp[®] (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 match at least 15% of grant funding, either via a cash or in-kind match (for example, if applicant requests \$100,000 from the Center, the applicant must include an additional \$15,000 of their own resources for a total budget of \$115,000); and
- Commitment to leveraging other resources to increase the number of people served.

NCOA requires each applicant to participate in pre-decision interviews (via Skype or conference call). 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 RFP 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: www.ncoa.org/centerforbenefits/becs/meet-the-becs/.

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 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 Center staff;
- Send at least one staff member to a proposed regional training or annual benefits enrollment 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 <https://www.ncoa.org/centerforbenefits/becs/benefits-enrollment-center-toolkit/>) 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

All funds provided to successful applicants under this grant program are federal funds from the U.S. Department of Health and Human Services Administration for Community Living. As such, all current federal rules apply and must be adhered to by grantees. The full grants policy can be found here: <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

As a condition of accepting grant funds, grantees must meet NCOA requirements for the submission of programmatic and narrative reports. Project directors are expected to attend periodic meetings and to give progress reports on their projects.

How to Apply

1. **Notice of Intent.** Organizations wishing to apply for funds under this program are **strongly encouraged** to submit a notice to the Center indicating their intent to apply by **Thursday, October 12, 2017 at 12 p.m. ET** using the form at <https://ncoa.tfaforms.net/373894>. This notice, which will assist us in ensuring a robust review process, is non-binding and does not need to describe the proposed project. Those that submit a notice of intent will be provided a link to complete the application process. Those who do not submit a notice of intent by the deadline but would like to apply must still submit a notice of intent in order to receive the application guidance.
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 executive summary (max 3,000 characters);
 - 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; partners should explain the role they will play 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 Wednesday, November 1, 2017 by 12 p.m. ET** through the web-based system. Electronic submission guidance will be emailed to the email address specified on the notice of intent prior to the deadline. Emailed submissions will not be considered. All sections of the proposal must be submitted by this deadline; the Center 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 December 1, 2017.

Inquiries

All inquiries regarding this RFP should be **emailed** to BECproposals@ncoa.org.

Timeline

October 10, 2017, 3 p.m. ET	Optional, informational webinar Conference call number: 1-866-740-1260, passcode 4796976# Web: www.readytalk.com (Code: 4796976) <i>Will be recorded and distributed to those submitting notices of intent.</i>
October 12, 2017, 12 p.m. ET	Optional deadline for notice of intent to apply
November 1, 2017, 12 p.m. ET	Deadline for submission of grant proposals
December 1, 2017	Notification of applicants selected to receive grants
January 1, 2018	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)

1. Plan timeframe

January 1, 2018 through June 30, 2019

2. BEC Readiness

Please complete the readiness assessment at

<https://www.questionpro.com/a/TakeSurvey?id=4368910>

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 answer, make sure to describe the current system used for benefits outreach and enrollment for Medicare beneficiary seniors 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? The online grant system will allow you to select general descriptors based on rurality and size of your target area.
- b. Identify the specific geographic area(s) your proposed project will serve – the city, county (or multiple counties), or your entire state. *(500 character limit)*
- c. Identify your general target population within that service area, as well as any specific hard-to-reach populations (e.g., people residing in rural areas, members of native tribes, people of color, members of the LGBT community, those with limited English proficiency (LEP), those recently released from incarceration, veterans, or others) whom you will serve. *(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? This number will be suggested for you in the online application based on the type of community served. 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 seniors 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 other relevant agencies in your community/state. Identify partner organizations and indicate the specific roles that these partners will play in your project. This specific role should be reflected in the letter of commitment that this partner organization provides. *(3,000 character limit)*
 - c. Describe your organization's experience completing applications and working with the administering agencies for each of the following core benefits: SNAP/LIS/MSP/Medicaid/LIHEAP. If you don't currently assist applicants with one or more of these benefits, please describe your plan to integrate it into your work. *(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)*
 - g. Describe how your program will continue after grant funding ends. *(2,000 character limit)*

7. Management and Organizational Capacity [15 points]
 - a. Identify the Project Director, describe relevant experience, and identify time commitment to this project. **This role cannot be filled by executive level staff.** *(1,000 character limit)*
 - b. Identify other key staff, relevant experience, and time commitment. *(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. What is your total agency budget for your last fiscal year? *(100 character limit)*
 - 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)*

8. Budget [10 points]
 - a. Complete spreadsheet on budget (Attachment C), **with separate page(s) for narrative justification.** Budget should include \$1,500 for the Project Director to attend a regional training

or annual benefits enrollment conference.

As a finalist, NCOA will request your most recent Audited Financials or 990 Tax Form, and your Agency W-9 Form. Please plan to quickly share them when requested.

Attachment B - Data Elements and Definitions

In addition to the data points listed below, there will be alternating monthly narrative reports and client stories. The narrative reports will include questions related to successes and challenges to date, including updates on relevant partnerships.

- As the Reporting Agency for this effort, you are responsible for collecting these data elements from all of your partners and submitting them via the reporting tool no later than the **15th 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.
- When we refer to screening, we mean screening individuals to determine potential eligibility for programs through BenefitsCheckUp®.
- **Five core benefits** refer to LIS, MSPs, Medicaid, SNAP, and LIHEAP.

Reporting: Grantees will be required to provide monthly web-based reports of outreach and enrollment figures, including numbers of people enrolled in benefits, which are mandatory for all BEC grantees. The monthly reports will be required over the full duration of this one-year grant. Required data elements are listed in Attachment A. Additionally, the grantee will be required to submit narrative and financial reports.

1. # of individuals screened for benefits eligibility
2. # of individuals determined to be potentially eligible for at least one core or optional benefit during screening
3. # of individuals (age 65 and over) for whom at least one application or renewal for any benefit was submitted to an administering agency
4. # of individuals (under age 65) for whom at least one application or renewal for any benefit was submitted to an administering agency
5. # 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)

Attachment C - Proposed Budget

Provide detailed budget information below, **with a separate page(s) for narrative justification**. Budget should reflect \$1,500 for the Project Director to attend a regional training or annual benefits enrollment conference. 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)

January 1, 2018 through June 30, 2019

Date submitted

	CATEGORIES	BUDGET	MATCHING (15%)
	PERSONNEL		
1	PERSONNEL EXPENSES		
2	FRINGE BENEFITS		
3	PERSONNEL SUBTOTAL		
	OTHER DIRECT COSTS		
4	TRAVEL		
5	PRINTING/DUPLICATION		
6	SUPPLIES		
7	TELEPHONE		
8	POSTAGE		
9	ADVERTISING		
10	EQUIPMENT		
11	CONSULTANTS		
12	OTHER		
13	OTHER DIRECT SUBTOTAL		
14	OVERHEAD COSTS		
15	GRAND TOTAL		

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.

Goal: Conduct outreach to at least 5,000 Medicare beneficiaries.					
Key Action Step(s)	Timeline	Expected Outcome(s)	Measurement(s)	Person / Area Responsible(s)	Comment(s)
1. Create outreach plan	Jan – Feb 2018	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 2. # of individuals reached through outreach activities	1. Project Director 2. Communications Manager 3. Outreach Coordinator 4. Volunteers	
2. Train outreach staff on the BEC project	Mar 2018				
3. Conduct 2 outreach events per month	Mar – June 2019				
4. Evaluate outreach plan and implement necessary changes	Quarterly				