REQUEST FOR PROPOSALS (RFP)

GRANT INVITATION AND APPLICATION INSTRUCTIONS

ISSUED BY:

The National Council on Aging's Center for Benefits Access

Released September 2, 2015

Funding Opportunity Title: Benefits Enrollment Center Grants

Grant Interest Area: All eligible agencies are encouraged to apply. We are most interested in geographic areas without a current Benefits Enrollment Center and with a large number of Medicare beneficiaries with incomes under 150% of the Federal poverty level. Please use this map to identify those areas https://public.tableausoftware.com/views/CenterforBenefitsAccess/Eligible?:embed=y&:display_count=no

Key Dates: Optional Notice of Intent due Thursday, October 15, 2015 at 5pm ET
Application due Friday, November 13, 2015 at 5pm ET

Funding Opportunity Description

The Center for Benefits Access (the Center) at the National Council on Aging (NCOA) will provide up to 8 grants for a 16-month period to selected organizations for the implementation of Benefits Enrollment Centers (BECs). BECs use person-centered[1] 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 that have been funded in the past as BECs are not eligible for this award.

Up to 8 grants of up to $100,000 each will be awarded to selected organizations. Organizations must be able to provide application assistance for at least 500 - 1,100 Medicare beneficiaries for the **five core benefits** for which they are eligible during the 16-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. However, because many benefits programs are state or community-based, evaluation of grantee progress will be based on application assistance for the **five core benefits**. Applicants are required to match 15% of their funding under this grant through a cash or in-kind match.

Applicants are **strongly encouraged** to complete a simple notice of intent by Thursday, October 15, 2015. 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 5 p.m. ET on Friday, November 13, 2015**.

About the Center
Funded by the U.S. Department of Health and Human Services Administration for Community Living (ACL) beginning in 2009, 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;

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[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.

- 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, 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.CenterforBenefits.org.

About NCOA
The National Council on Aging (NCOA) is the nation's leading nonprofit service and advocacy organization representing older adults and the community organizations that serve them. Our goal is to improve the health and economic security of 10 million older adults by 2020. For more than 60 years, NCOA has been a trusted voice and innovative problem-solver helping seniors navigate the challenges of aging in America. We work with local and national partners to give older adults tools and information to stay healthy and secure, and we advocate for programs and policies to improve the lives of all seniors, especially the most vulnerable. For more information, please visit www.ncoa.org.

In 2001, NCOA launched BenefitsCheckUp® (BCU), a free, comprehensive online national benefits screening and enrollment tool. BenefitsCheckUp® currently averages over 100,000 unique visitors per month, and since its inception has helped over 4 million individuals identify their eligibility for more than $15 billion in public and private benefits. BCU also has benefits office locator tools and an enhanced benefits database that now includes over 1,700 program application forms. To learn more about BCU, please visit www.BenefitsCheckUp.org.

The Problem
Today, approximately 48% of people with Medicare (close to 22 million) are economically insecure–that is, they lack the resources to meet their basic food, housing, and medical needs. Economic insecurity is associated with lower health and functional status, challenges with maintaining adequate housing, and spending a higher portion of income on out-of-pocket health care.

At the same time, millions of seniors and adults living with disabilities who have limited incomes and resources qualify for, but are not yet enrolled in, programs that help pay for prescription drugs, medical care, food, or heating/cooling their homes. For example, recent estimates show that at least 2 million Medicare beneficiaries are eligible for, but not receiving, LIS. The enrollment rate in the Specified Low-Income Medicare Beneficiary Program (SLMB), one of the MSPs, is only 13%, and only 42% of eligible seniors participate in SNAP. People who are eligible for one means-tested public benefit are highly likely to also be eligible for, but not receiving, other key public benefits.

The BEC Program

The Center will provide $100,000 grants to up to 8 state and/or community-based organizations for a period of 16 months (March 1, 2016 to June 30, 2017) with the goal of maximizing enrollment of the defined population into need-based public benefits. Selected agencies will submit applications on behalf of up to 1,100 Medicare beneficiaries (seniors aged 65+ or adults living with disabilities) for all of the **five core benefits** for which they appear eligible.

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 at 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 assure 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**, so that they can effectively counsel these individuals and assist them with the full range of benefits options available to them. 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**, however, the focus of this project is on the **five core benefits**.

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 beneficiary 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 change to improve 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 beneficiary seniors and adults living with disabilities 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 considered.

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
- Consumer and community advocacy organizations, especially organizations that focus primarily on underserved populations, such as African-Americans, Hispanics, Asian and Pacific Islanders, Native Americans, or adults with disabilities.

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

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 up to 1,100 Medicare beneficiaries in submitting applications or recertification for all eligible **five core 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 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.

The Center reserves the right to conduct pre-decision site visits or conference calls as part of the proposal evaluation process. 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. The Center 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: http://www.ncoa.org/becs.

Program Direction and Technical Assistance Resources

The Center will provide overall direction for the program and technical assistance, training, and tools to grantees to assist them in maximizing enrollment in needed benefits.

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;
- Share information and "lessons learned" with fellow grantees and Center staff;
- Send at least one staff member to a proposed in-person training; and
- Participate in an overall evaluation of the grant program.

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 www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

As a condition of accepting grant funds, grantees must meet Center 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.

Reporting Requirements
Grantees will be required to 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 fourth month of funding. The first three months of the grant have optional reporting. In addition, grantees will be asked to participate in periodic conference calls and respond to periodic emails and Web-based surveys aimed at gathering information, such as client stories and best practices, which will be helpful to other organizations in their outreach and enrollment efforts. Finally, grantees will be required to participate in an overall evaluation of the grant program.

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 15, 2015 at 5pm ET to** https://ncoa.tfaforms.net/373804. 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;
   - The project director's resume; and

- Letters of commitment from intended partners. Partners should explain the role they will play in the BEC.

Proposals must follow the character count outlined in Attachment A. Character count includes spaces. The letters of commitment, project director's resume, work plan, budget, and budget narrative have no character limitation.

All proposals should be submitted **electronically no later than Friday, November 13, 2015 by 5 p.m. Eastern Time** through the web-based system. Electronic submission guidance will be emailed to the email address 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 early February.

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

Timeline

August 31, 2015	RFP is released
October 1, 2015, 3pm ET	Optional, informational webinar Conference call number: 1-866-740-1260, passcode 4796976# Web: www.readytalk.com (code: 4796976) *Will be recorded and distributed to notice submitters*
October 15, 2015, 5pm ET	Optional deadline for notice of intent to apply
November 13, 2015, 5pm ET	Deadline for submission of grant proposals
Early February 2016	Notification of applicants selected to receive grants
March 1, 2016	Selected organizations begin work

Attachments
Attachment A: Implementation Plan
Attachment B: Data Elements and Definitions
Attachment C: Proposed Budget
Attachment D: Project Work Plan

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
    March 1, 2016 through June 30, 2017

2. Applicant information:
    Organization Name
    Project Director
    Street Address
    City/State /Zip
    Telephone
    E-mail
    Zip Codes of Service Area
    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. *(3,200 characters limit)*
    b. What *unique* impact can your organization make to improve access to benefits in your proposed target area? *(3,000 characters 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 characters limit)*
    c. Identify your general target population within that service area, as well as any specific underserved populations (e.g., minority communities, adults living with disabilities, people who are homebound, people with limited English proficiency, people in rural areas) whom you will serve. *(3,000 characters limit)*

5. Plan objectives and work plan [15 points]
    a. How many Medicare beneficiaries will your agency assist with applications for the **five core benefits** (MSP/LIS/LIHEAP/Medicaid/SNAP)? The number of Medicare beneficiaries assisted

with core benefits applications will range from at least 500 – 1,100 based on a formula for your chosen target area. The online application will help you determine the target number of Medicare beneficiaries through a series of questions. On average, we expect that each client should be assisted with 1.3 core benefits applications, completed and submitted to the agency that determines eligibility.

b. Provide a work plan by goal with milestones. *(No character limit, see Attachment C for template)*

6. <u>Description of Approach [35 points]</u>
   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**. *(10,000 characters limit)*
   b. Describe how you will coordinate your outreach and enrollment efforts with other relevant organizations/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. *(3,500 characters 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. *(8,000 characters limit)*
   d. 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? *(2,500 characters limit)*
   e. Describe how your program will continue after grant funding ends. *(2,000 characters limit)*

7. <u>Management and Organizational Capacity [15 points]</u>
   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 characters limit)*
   b. Identify other key staff and their relevant experience and time commitment. *(2,000 characters limit)*
   c. If applicable, discuss how volunteers will be utilized, recruited, trained, and managed. *(5,000 characters limit)*
   d. Explain how this project fits with your organization's mission and other programs. *(3,000 characters limit)*
   e. What is your total agency budget for your last fiscal year? *(100 characters limit)*
   f. What is the total budget for your BEC program, including this grant? *(100 characters limit)*
   g. Describe your organization's other funding sources. *(2,000 characters limit)*

8. <u>Budget</u> [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 mandatory training, tentatively scheduled for the second month of the grant.

As a finalist, NCOA will request the following financial documents from you. Please plan to quickly share them when requested:

- Most recent Audited Financials or 990 Tax Form
- Agency W-9 form

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: Please report to us all of your outreach activities, individuals reached, and the number of LIS and MSP applications as a Benefits Enrollment Center, including those that are MIPPA-funded.

1. # 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:
   a. any of the core benefits for which they may qualify
   b. eligibility criteria for the benefits
   c. the availability of online screening and enrollment tools
   d. how to apply for benefits
2. # of individuals reached through outreach activities: this is the count of individuals that were reached by the events reported in Data Element #1 ("# of outreach activities"). You may count TV/radio ad audience and pieces of mail as proxies of the individuals reached by media and mailing campaigns
3. # of individuals screened for benefits eligibility
4. # of individuals determined to be potentially eligible for at least one core benefit during the screening process
5. # of individuals (under and above age 65) for whom at least one application or renewal for a core benefit was submitted to an administering agency
6. # of individuals for whom an LIS application or renewal was submitted to an administering agency
7. # of individuals for whom a Medicaid application or renewal was submitted to an administering agency
8. # of individuals for whom an MSP application or renewal was submitted to an administering agency
9. # of individuals for whom a LIHEAP application or renewal was submitted to an administering agency
10. # of individuals for whom a SNAP application or renewal was submitted to an administering agency
11. # of individuals for whom you were able to conduct follow-up who were receiving at least one of the benefits for which you helped them to apply
12. # of individuals for whom a benefits application or renewal outside of the **five core benefits** was submitted to an administering agency (optional – NCOA encourages grantees to assist clients with as many benefits as possible, however, the focus of this project is on the **five core benefits**)

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 proposed training in the second month of the grant. 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)   March 1, 2016 through June 30, 2017
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 (10% LIMIT)**			
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 2. Train outreach staff on the BEC project 3. Conduct 2 outreach events per month 4. Evaluate outreach plan and implement necessary changes	March – April 2016 April – May 2016 June 2016 – June 2017 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 2. # of individuals reached through outreach activities	1. Project Director 2. Communications Manager 3. Outreach Coordinator 4. Volunteers	