

# Georgia Access Plan Year (PY) 2025 Navigator Grant Application

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# AGENDA

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

- Overview
- Navigator Grantee Organizations
- Individual Navigators
- Georgia Access Navigator Grant Application Forms A, B & C
- Georgia Access Navigator Grant Application Narratives
- Application Checklist
- Upcoming Dates
- Q&A Section

# OVERVIEW

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application



Senate Bill 65 was signed into law by Governor Kemp on May 2, 2023, granting Georgia the authority to establish and operate a State-based Exchange (SBE). Georgia received CMS approval to operate as an SBE on the Federal Platform (SBE-FP) for PY 2024 and as an SBE for PY 2025. For Open Enrollment (OE) 2025 beginning November 1, 2024, Georgia will operate solely as an SBE.



Georgia Access State-based Exchange: Georgia Access is designed to meet the needs of Georgia residents by increasing access to affordable and quality health insurance coverage. The SBE will replicate the federal Exchange model with multiple enrollment options for consumers, including a state consumer portal, certified agents, and direct enrollment through insurance companies or web-brokers certified as Georgia Access Enrollment Partners.



Georgia Access is operating a Navigator Program in accordance with Section 1311(i) of the *Patient Protection and Affordable Care Act* (ACA). The Navigator Program helps consumers understand coverage options and assists them with finding and applying for coverage that meets their needs. Organizations must apply for and be approved to receive grant funding from the State to operate a Navigator Program. Grants are competitively awarded based on quality of applicant proposals; the State is under no obligation to award grants to applicants. Once awarded, organizations are designated as Navigator Grantee Organizations (“Navigator Grantees”).

# OVERVIEW

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application



The PY 2025 Navigator Grantee performance period will be 12 months, beginning November 1, 2024, and ending December 2025. Approved Navigator Grantees will be required to sign the Navigator Grant Agreement prior to September 1, 2024.



Navigator Grant funding must be used exclusively for the project goals identified in the prospective Navigator Grantee's application or agreed upon subsequently with the State.

# Navigator Grantee Organizations

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# NAVIGATOR GRANTEES

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

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Retain the primary responsibility for planning, directing, and executing the proposed project, as outlined in the Navigator Grant Application and oversight of Navigator activities

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Comply with all applicable federal and state laws

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Ensure SBE requirements for Navigators and Navigator Grantees are upheld

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Conduct outreach activities as outlined in their Navigator Grant Application

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Provide required reports on a monthly, quarterly, and annual basis to the State

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Comply with all requests from the State for additional information

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# NAVIGATOR GRANTEES ELIGIBLE ORGANIZATIONS

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

- Nonprofit organizations that have a 501(c)(3) status with the IRS
- Local government agencies and special districts
- Education organizations
- Public housing organizations and/or public housing authorities
- City or county governments
- Native American tribal governments or organizations
- Independent school districts
- Institutions of higher education

- Small, medium, or large for-profit businesses
- Community and consumer-focused groups
- Trade, industry, and professional associations
- Commercial fishing industry organizations
- Ranching and farming organizations
- Chambers of commerce
- Unions
- Resource partners of the Small Business Administration (SBA)

# NAVIGATOR GRANTEES INELIGIBLE ORGANIZATIONS

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

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- Health insurance companies or their subsidiaries
- Insurance companies of stop loss insurance and their subsidiaries
- Associations that include members of, or lobby on behalf of, the insurance industry
- Insurance agents, insurance agencies, or recipients of any direct or indirect consideration from any insurance company in connection with the enrollment in a health or dental plan
- Other organizations determined by the State to have a conflict of interest



# Individual Navigators

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Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# INDIVIDUAL NAVIGATORS

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application



Navigators are individuals who are certified and licensed to support consumers with applying for health coverage on Georgia Access. Navigators are affiliated with Navigator Grantees, either as employees or volunteers. Navigators must maintain strict privacy and security standards.



Navigators are required to support any consumer seeking enrollment assistance. This requirement applies even if that consumer is not a member of the communities or groups the applicant expects to target, as outlined in its Navigator Grant Application.



All individuals carrying out Navigator functions must obtain State of Georgia Resident Navigator Licensure and Georgia Access Certification before assisting consumers. Licensure requirements are outlined on the [OCI website](#) and Georgia Access Certification requirements are outlined on the [Georgia Access website](#).

# INDIVIDUAL NAVIGATORS

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

**Navigators are expected to perform the following activities:**

Provide outreach and education to uninsured individuals and underserved or vulnerable populations

Provide unbiased support for consumers by remaining free of conflicts of interest

Educate consumers on basic healthcare concepts, coverage options, and available financial assistance on Georgia Access

Support consumers with applying on Georgia Access

Support consumers in understanding their eligibility results and next steps

Provide consumers with language interpretation support

Provide consumers with accessibility support

Refer consumers to the Georgia Access Contact Center, as appropriate

Help consumers find certified agents, as appropriate

Provide information on Medicaid and PeachCare for Kids®, as appropriate

# INDIVIDUAL NAVIGATORS

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

**Navigators are prohibited from performing the following activities:**

Recommend specific health insurance plans for consumers

Enroll a consumer into a health insurance plan

Provide gifts to a consumer to incentivize enrollment

Impose fees for providing consumer support and assistance

Request or receive compensation from consumers or third parties for assistance

Request or receive compensation from insurance companies

Request or receiving compensation from agents for consumer referrals

Act as an intermediary between an employer and health insurance company

Call consumers to offer assistance without the consumer initiating contact first

Use an automatic telephone dialing system or an artificial or prerecorded voice

Use grant funding to purchase items that promote products or services of a third party

# NAVIGATOR GRANT APPLICATION REVIEW

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

Applicants are required to complete all sections of the Navigator Grant Application

Applications determined to be ineligible or incomplete will be eliminated from review

Form A will be reviewed only for completeness and will not be scored

Form B will be subject to a financial risk review but will not be scored

Form C, the Budget Narrative, and the Project Narrative will be reviewed and evaluated

Applications must receive a score of 70 or higher to be considered for a Navigator Grant

The State reserves the right to contact applicants for additional information if needed

# Navigator Grant Application Form A

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM A

## A. Organization Information

<b>A. Organization Information</b>	
<b>1. Organization's Legal Name</b>	
<b>2. Organization's Employer Identification Number (EIN)</b>	
<b>3. Organization Type</b> (e.g., provider, community or consumer-focused nonprofit, or any other entity that meets the requirements outlined in <a href="#">45 CFR § 155.210</a> )	
<b>4. Organizational System for Award Management (SAM) Number*</b>	
<b>5. Lead Applicant? (Yes/No)</b>	
Sub-Recipient Organization Name(s)* ( <i>Refer to Application for Letter of Support requirements.</i> )	
<b>6. Website URL</b> (Please list your webpage that provides information about your Navigator program, if applicable; this page may be linked on the "Find a Local Assister" tool on the Georgia Access website).	
<b>7. Total Number of Planned Individual Navigators</b>	
<b>8. Proposed Service Area</b> (Please list the specific regions, cities, and/or counties)	
<b>9. Total Number of In-Person Sites</b>	
<b>10. Primary Physical Address</b>	
Street	
City	
State	
Zip / Postal Code	
County	
<b>Mailing Address*</b> (complete only if different from above; P.O. Boxes allowed)	
Street	
City	
State	
Zip / Postal Code	
<b>Additional Project Site Location(s)</b> (include additional site location(s) if applicable)	
Street	
City	
State	
Zip / Postal Code	
County	
<b>11. Is the applicant delinquent on any state, federal or other debt (Yes/No)?</b>	
If yes, provide an explanation	
<b>12. Has the applicant previously served as a Navigator Grantee (Yes/No)?</b>	
If yes, provide start and end dates	
<b>13. Total amount of grant funding requested for the 12-month performance period beginning August 2024</b>	

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM A

<b>B. Application Point of Contact</b>	
<b>14. Point of Contact</b>	
Last Name	
First Name	
<b>15. Job Title</b>	
<b>16. Telephone Number</b>	
<b>17. Email Address</b>	
<b>C. Authorized Organizational Representative: The Authorized Organizational Representative, or Authorized Representative, is the designated representative of the applicant organization with authority to act on the organization's behalf in matters related to the award and administration of grants.</b>	
<b>18. Authorized Organizational Representative</b>	
Last Name	
First Name	
<b>19. Title</b>	
<b>20. Telephone Number</b>	
<b>21. Email</b>	

**B. Application Point of Contact**

**C. Authorized Organizational Representative**



# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM A

## D. Assurances

### D. Assurances

**22. As the duly Authorized Organizational Representative, I am aware that submission to the Office of Commissioner of Insurance and Safety Fire of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the award process. This may include the application, budget, and list of applicants. In addition, I certify that the applicant:**

- Has legal authority to apply for the funds made available under the requirements of the application, and has the institutional, managerial, and financial capacity (including funds sufficient to pay the non-State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the Georgia Office of Commissioner of Insurance and Safety Fire, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP).
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents a real or perceived personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the application instructions, including development of specifications, requirements, or the evaluation of the submitted applications.
- Will maintain necessary operational and financial systems to effectively manage and safeguard award monies and data.
- Will comply with all federal and state statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 4) federal Equal Employment Opportunities Act.
- Will comply with all applicable federal and state laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5).
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontractors as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Attests that the applicant and all subrecipients are not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded.
- Understands that unresolved monies owed to the federal agencies or the State of Georgia may preclude the receipt of this award.
- Understands that any false, fictitious, or fraudulent statements or claims may subject the applicant to criminal, civil, or administrative penalties.
- Attests that all statements contained within the submitted Georgia Access Navigator Grant Application are true, complete, and accurate to the best of my knowledge.
- Certifies that the applying organization and its subrecipients will comply with all the assurances above.

Authorized Organizational Representative Signature	Date
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# Navigator Grant Application Form B

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

## A. Applicant Organization Information B. General Information

A. Applicant Organization Information	
1. Organization's Legal Name:	
2. Organization's Employer Identification Number (EIN):	

B. General Information	
1. What is the organization's annual revenue, and what percentage of annual revenue is from government funding (percentage = total government funding received in previous fiscal year / organization's total gross revenue in previous fiscal year)?	
2. Has the organization received additional oversight (e.g., Corrective Action Plan, Federal Awardee Performance and Integrity Information System finding, or reimbursement payments for enforcement actions for state or federal funds) from a federal or state agency within the past 3 years due to performance, programmatic, or financial concerns with the organization (Yes/No)?	
If yes, provide the name of the government agency and the reason for the additional oversight as explained by the government agency.	
If resolved, indicate how the issue was resolved with the agency.	
3. Does the organization currently manage grants with state or federal agencies (Yes/No)?	
If yes, list the current grants managed by the organization.	
4. Does the organization have a conflict of interest policy (Yes/No)?	
5. Does the organization or any of its employees have any real or perceived personal or organizational conflicts of interest related to 45 CFR § 155.215(a)(1) (Yes/No)?	
If yes, explain and provide a mitigation plan.	
6. Does the organization currently have, or has it ever had, delinquent state, federal, or other lender debt in the last 3 years (Yes/No)?	
If yes, explain.	
7. Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy (Yes/No)?	
If yes, what is that amount?	
8. Does the organization have policies and procedures in place to meet the requirements below (Yes/No)? (Please answer only if your organization has subrecipients). a. Make determinations between subrecipient versus contractors in accordance with 45 CFR 75.351? b. Notify entities at the time of the award/agreement if they are a subrecipient in compliance with 45 CFR 75.352? c. Manage, assess risk for, review audits for, and monitor the subrecipient as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved in compliance with 45 CFR § 75.351–75.353?	
If yes, provide a summary of the policies and procedures. If no, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.	

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

## C. Accounting System

<b>C. Accounting System</b>	
<b>11. Does the organization have updated (within last two years) written accounting policies and procedures to manage state and/or federal awards (Yes/No)?</b>	
If no, provide a brief explanation.	
Describe the management of grant funds and how funds are separated (not co-mingled) from other organizational funds.	
<b>12. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:</b>	
a. Total funds available for an award.	
b. Total funds available for a budget cost category.	
<b>13. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under government awards (Yes/No)?</b>	
If yes, provide the name and address of the agency that performed the review, a summary of the opinion, and an explanation of how the organization resolved any concern.	
<b>14. How does the accounting system provide for recording the non-state share and in-kind contributions (if applicable for a grant program)?</b>	
<b>15. Can the organization's accounting system identify funding by various identifiers (i.e, funding awarded by a government agency, pass-through entity, award number, and period of funding) (Yes/No)?</b>	
If yes, how does the organization identify awards? If no, provide a brief explanation.	

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

**D. Budgetary Controls**

**E. Personnel**

**F. Payroll**

**G. Consultants**

<b>D. Budgetary Controls</b>	
<b>11. What controls does the organization use to ensure that the Authorized Organizational Representative (AOR) approves all budget changes for the state award?</b>	
<b>E. Personnel</b>	
<b>12. Does the organization have updated (within last two years) written personnel and/or human resource policies and procedures (Yes/No)?</b>	
If no, provide a brief explanation.	
<b>13. Does the organization pay compensation to Board Members (Yes/No)?</b>	
If yes, provide details.	
<b>14. Does the organization's staff with fiscal and administrative oversight have prior experience managing grants and have familiarity with applicable rules and regulations (Yes/No)?</b>	
<b>15. Describe how the payroll distribution system accounts for, tracks, and verifies employee compensation.</b>	
<b>F. Payroll</b>	
<b>16. Describe the segregation of duties for staff who prepare the payroll and those who sign the checks, have custody of cash funds, and maintain accounting records.</b>	
<b>G. Consultants</b>	
<b>17. Are there written policies or consistently followed procedures regarding the use of consultants (Yes/No)?</b>	
If yes, describe the organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary, and reasonable.	
If yes, describe the organization's method or policy to ensure that only consultants who are permitted to receive state or federal funds are selected.	

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

<b>H. Property Management</b>	
18. Briefly describe the system for property (tangible and intangible) management used for maintaining property records.	
19. Does the organization have adequate insurance to protect the state interest in equipment and real property (see 45 CFR §75.317, “Insurance coverage.”) (Yes/No)?	
20. How does the organization calculate the amount of property insurance?	
<b>I. Procurement</b>	
21. Describe the organization’s procurement procedures and/or how the organization handles purchasing activities. Include the job titles responsible and describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.	
<b>J. Travel</b>	
22. Describe the organization’s written travel policy. Ensure, at minimum, that:	
<ul style="list-style-type: none"> <li>• Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates in accordance with State policy.</li> <li>• Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.</li> <li>• Subsistence and lodging rates are equal to or less than current State per diem and mileage rates.</li> <li>• Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed <a href="#">GSA</a> rate unless adequately justified (e.g., conference hotel).</li> <li>• Travel expense reports show <a href="#">purpose</a> and date of trip.</li> <li>• Travel costs are approved by organizational official(s) and funding agency prior to travel.</li> </ul>	

**H. Property Management**

**I. Procurement**

**J. Travel**

# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

## K. Internal Controls

<b>K. Internal Controls</b>	
<b>23. Provide a brief description of the organization's internal controls that will provide reasonable assurance that the organization will manage award funds properly.</b>	
<b>24. What is the organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?</b>	
<b>25. Provide a brief description of how the organization's internal audit and/or legal staff will ensure compliance with a possible grant award.</b>	
<b>26. If the organization has a petty cash fund, how is it monitored?</b>	
<b>27. Who in the organization reconciles bank accounts?</b>	
Is this person familiar with the organization's financial activities (Yes/No)?	
Does the organization authorize this person to sign checks or handle cash (Yes/No)?	
<b>28. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty (Yes/No)?</b>	
If no, what control mechanisms are in place?	



# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM B

L. Audit	
<b>29. What is the organization's fiscal year?</b>	
<b>30. Did the organization expend \$750,000 or more in state awards from all sources during its most recent fiscal year (Yes/No)?</b>	
<b>31. Has the organization previously submitted federal or state grant audits for in the last 2 years (Yes/No)?</b>	
<p>If <u>no</u>, briefly explain.</p> <p>If yes, address the following:</p> <ul style="list-style-type: none"> <li>• The date of the most recently submitted audit report.</li> <li>• The auditor's opinion on the financial statement.</li> <li>• If applicable, indicate if the organization has findings in the following areas: 1) <u>internal controls</u>, 2) <u>questioned or unallowable costs</u>, 3) <u>procurement/suspension and debarment</u>, 4) <u>cash management of award funds</u>, and 5) <u>subrecipient monitoring</u>.</li> <li>• Include (if applicable):               <ul style="list-style-type: none"> <li>○ A description of each finding classified as Material Weakness.</li> <li>○ A description of each finding classified as Significant Deficiency.</li> </ul> </li> </ul>	
<b>32. Does the organization have any Corrective Action Plans in the past 2 years for the findings identified in a previously submitted audit as outlined above (Yes/No)?</b>	
If yes, describe the status (closed or open) and progress made on those corrective actions.	

## L. Audit

## M. Mandatory Disclosures

M. Mandatory Disclosures
<b>33. Disclose all information related to violations by the organization of state or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the state award.</b>
<b>34. Explain the organization's process to comply with (a) 45 CFR 75.113 Mandatory Disclosures and (b) Federal Funding Accountability and Transparency Act (FFATA) requirements.</b>



# Navigator Grant Application Form C

Georgia Access Plan Year (PY) 2025 Navigator Grant Application



# GEORGIA ACCESS NAVIGATOR GRANT APPLICATION FORM C

- E. Consultants**
- F. Contractors**
- G. Other**

E. Consultants			
Purpose <i>(Insert purpose)</i>	Description <i>(Insert description)</i>	Period of Goods/Service <i>(Insert period in months)</i>	Total
<b>TOTAL CONSULTANTS COSTS</b>			
F. Contractors			
Purpose <i>(Insert purpose)</i>	Description <i>(Insert description)</i>	Period of Goods/Service <i>(Insert months)</i>	Total
<b>TOTAL CONTRACTORS COSTS</b>			
G. Other			
Purpose <i>(Insert purpose)</i>	Description <i>(Insert description)</i>		Total
<b>TOTAL OTHER COSTS</b>			
<b>GRAND TOTAL REQUESTED</b>			

# Navigator Grant Application Budget and Project Narratives

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Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# BUDGET AND PROJECT NARRATIVES

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

The Budget Narrative and Project Narratives are essay format and must meet the following specifications:

- Page Size:** 8.5” x 11” letter-size pages
- Margins:** 1” margins (top, bottom, left and right side).
- Font size:** 12-point font
- Font:** Times New Roman
- Spacing:** Single-spaced
- Maximum length:** 10 pages

# Application Checklist and Key Dates

Georgia Access Plan Year (PY) 2025 Navigator Grant Application

# APPLICATION CHECKLIST

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

The checklist below can be used to confirm that all components of the application are completed before submitting:

- Form A – Applicant Information & Signature
- Form B – Business Assessment & Mandatory Disclosure
- Form C – Detailed Budget
- Budget Narrative (maximum 10 pages)
- Project Narrative (maximum 10 pages)

Forms A, B, and C are provided as downloadable PDF links on the Georgia Access Website. The Budget Narrative and Project Narrative must be composed and submitted via email to [Navigators@GeorgiaAccess.ga.gov](mailto:Navigators@GeorgiaAccess.ga.gov) along with the completed forms. Descriptions of the required components are provided at [Navigators | Georgia Access](#)

# KEY DATES

## Georgia Access Plan Year (PY) 2025 Navigator Grant Application

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Navigator Grant Application release: May 6, 2024.

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Navigator Grant Applications due: July 15, 2024.

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Navigator Grantee Awards announced: No later than July 31, 2024

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PY 2025 Navigator Performance Period begins: November 1, 2024

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PY 2025 Navigator Performance Period ends: December 31, 2025.

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Initial 20% grant payment distributed: by August 31, 2024.

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Remaining 10 equal grant payments distributed: by the end of each month, October 2024 through July 2025.

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