



TECHNICAL PROPOSAL

Outreach and Enrollment Support Program Navigator Entities

PLEASE LIMIT YOUR TECHNICAL PROPOSAL TO A MAXIMUM OF FIVE (5) PAGES

Name of Organization:

Address:

Name of Primary Contact (please include phone number and email address):

A. Relevant Experience and Expertise

Please describe why your organization is well-suited for managing staff to act in a Navigator capacity, including relevant experience in:

- a) Working with and reaching out to all populations, regardless of their income or demographics;*
- b) Performing/overseeing navigator-like functions; and,*
- c) Providing culturally and linguistically appropriate services to individuals and families:*

B. Approach to the Scope of Work

Describe how your organization proposes to carry out the functions of the Navigator entity, including:

- a) Staffing the Navigator function:*
 - How many staff will your organization send to RIHCA Navigator certification training?*
 - What is the anticipated FTE total among those staff that will be dedicated to Navigator responsibilities?*
- b) Mentoring the Navigators in your organization;*
- c) Outreach to targeted populations;*

- d) Routine oversight of the Navigators in your organization. Please also describe how you would resolve a situation where a conflict of interest arose with a Navigator:*
- e) Providing Navigator support to HSRI community enrollment events;*
- f) Organizational capacity to clearly identify one point of contact for the Navigator program, and*
- g) Organizational capacity to collect and report data related to Navigator activities*

C. Organizational Structure and Capacity to Accomplish Scope of Work

- *Provide the legal name of your organization, any DBAs and the full address of the primary office and any satellite locations;*
- *Include current number of employees housed in each location;*
- *Describe how your organization is structured (non-profit; corporation; subsidiary)*
- *Identify whom from your organization will be responsible for the Navigator program and clearly describe how this work will fit into the overall organizational structure and capacity of your organization*

D. Additional Comments (optional):

E. In addition to the above responses, please also include the following documentation with your submission:

- *A completed and signed W-9 form*
- *Proof of professional liability insurance covering the accidental or intentional acts of employees that cause or could potentially cause harm to enrollees or prospective enrollees. Coverages must be not less than one million dollars (\$1,000,000) per occurrence.*