

Applicant Information

1. Legal name of applicant		
2. Federal tax ID Number		
3. Organization's contact information		
4. Organization's Primary Mailing Address	Street:	
	City:	
	Zip:	
5. Primary Contact	Name:	
	Title:	
	Email:	
	Phone:	
6. Secondary Contact	Name:	
	Title:	
	Email:	
	Phone:	
7. If awarded the grant, who will be the authorized signor of the grant contract?	Name:	
	Title:	
	Email:	
	Phone:	
8. Please check ONE of the following as it applies to this application	<input type="checkbox"/> We have reviewed the Sample Contract with legal counsel and can identify no objections to executing this contract in its present form. <input type="checkbox"/> We have reviewed the Sample Contract with legal counsel and will request changes to the sample contract (please attach details). We understand that exceptions to boilerplate language may not be approved and may result in the rejection of this application.	

Organization Information

<p>1. Please check “Yes” if your organization will be subcontracting with other organizations.</p> <p>If yes, please provide the contact information for all subcontracted organizations. If additional space is needed, please attach as an appendix.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Organization #2 Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Contact Information:</td> <td></td> </tr> <tr> <td>Organization #3 Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Contact Information:</td> <td></td> </tr> <tr> <td>Organization #4 Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Contact Information:</td> <td></td> </tr> <tr> <td>Organization #5 Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Contact Information:</td> <td></td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organization #2 Name:		Address:		Contact Information:		Organization #3 Name:		Address:		Contact Information:		Organization #4 Name:		Address:		Contact Information:		Organization #5 Name:		Address:		Contact Information:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Organization #2 Name:																											
Address:																											
Contact Information:																											
Organization #3 Name:																											
Address:																											
Contact Information:																											
Organization #4 Name:																											
Address:																											
Contact Information:																											
Organization #5 Name:																											
Address:																											
Contact Information:																											
<p>2. Describe in what area of the state your organization(s) provides services (region, city, or county).</p>																											
<p>3. Describe the primary member population of your organization(s).</p>																											
<p>4. Estimate the total population size your organization(s) currently serves and will serve under this grant.</p>																											

5. Please give an overview of the services provided by your organization(s).	

Outreach and Advocacy Grant

1. Describe what role your advocacy organization can play during the unwinding renewal process.

2. How does your organization(s) assist TennCare applicants and members and how long have you provided this assistance?

3. Describe your organization(s) experience and program knowledge with TennCare eligibility.

4. Provide a summary of the volume of direct assistance your organization(s) will perform under the maximum liability amount of the grant.

5. Describe your current and/or future call center operations that will be used to receive requests for assistance.

6. Describe the primary way you currently assist TennCare applicants/members through the eligibility process (i.e., paper, phone, online using TennCare Connect, TennCare Access, TennCare Connect mobile app).

7. Describe the primary way you currently assist TennCare applicants/members to create and link a TennCare Connect account.

Note: Please complete the Budget narrative (Attachment 2) and Statement of Assurance (Attachment 3).