VIRGINIA HEALTH CARE FOUNDATION

Project Connect:
Expanding Medicaid Outreach & Enrollment
Cover Sheet and Checklist

Name of Applicant Organization: _____

Project Title: _____

Proposal Checklist

Completed PDF Application Checklist and Form (this document)

18-month proposed budget (use template provided in the RFA)

Marketing and Communications Plan (use template in the RFA)

Resume(s) of individual(s) who will lead grant and/or supervise outreach workers; resume(s) for outreach worker(s) (if already identified)

Most recent audited financials

Submission Instructions

- Complete Contact Information form in VHCF's Blackbaud grants portal (Tab 1 of the application). *Do not type in all caps.*
- On Tab 2 of the application, upload a **single PDF** that includes this document and all attachments listed above. The file must be <29 MB in size.
- Applications must be completed and submitted no later than Thursday, October 15, 2026 at 5:00 PM.
- *Note:* Following the submission of applications, VHCF may reach out to applicants with clarifying questions. *VHCF will not review incomplete applications, late applications, or those that do not follow VHCF's specifications.*

Expanding Project Connect to Meet New Medicaid Requirements – Funding Application

Organization Profile (short answers)

- Services provided by your organization:

- Age range of population currently served by your organization:

- Race/ethnicity demographics of population currently served by your organization:

Baseline and Project Goals	
Number of people served annually by organization	
Estimated number of people served by organization who are currently enrolled in Medicaid	
Number of **current** Medicaid outreach workers/application assisters at your organization	
Number of **new/additional** FTE outreach workers requested for this *Project Connect* grant (NOTE: fractional FTE outreach workers are acceptable)	
Number of individuals for which you expect to enroll/renew Medicaid coverage during the 18-month grant period (expectation is at least 300-350 per year per FTE, or 450-525 per 18-month period per FTE)	

Current Medicaid Outreach and Organizational Capacity (1,400 characters)

1. Describe your organization's current Medicaid outreach and application/enrollment assistance efforts, including how those activities are staffed.
2. If applicable, does your organization currently accept Medicaid for any services? If so, which managed organizations do you participate with?

Community Need (1,000 characters)

3. Describe and quantify the need for expanded/new Medicaid outreach and application/enrollment assistance for the populations and communities your organization serves, particularly with upcoming H.R. 1 changes.

***Project Connect* Program Description and Strategy** (1,800 characters)

4. Describe your proposed overall strategy and model (including staffing structure and locations) for this 18-month outreach and enrollment project.
5. Describe how your *Project Connect*-funded outreach workers will connect people with resources/programs to help them meet the work requirements (e.g., job training/programs, education, volunteering, etc.).

Proposed Timeline (900 characters)

6. Provide a high-level timeline for your proposed project, including goal dates for hiring new staff and/or reallocating existing staff, launching the expanded services, partnership engagement, etc.

Partnerships and Referrals (2,000 characters)

7. Describe your organization's current relationship with your local department of social/human services office(s). If your organization does not have an existing relationship with your local department of social/human services, please describe your thinking on developing that relationship.
8. Describe how your organization will set up (or utilize an existing) referral process for **internal** patients/clients needing assistance with Medicaid.
9. Describe which **current and/or new partnerships/referral partners** you plan to utilize to identify **external** patients/clients needing assistance with enrolling in or keeping their Medicaid coverage. Please describe how you would envision the referral processes working, including if outreach worker(s) would provide onsite assistance at partner location(s).

Staffing and Leadership (900 characters)

10. Who will be responsible for the success of your *Project Connect* grant (day-to-day champion and/or supervision of outreach worker(s))? Briefly describe their role in this project and relevant experience. Please include their resume(s) as an attachment.
11. Do you have someone in mind already for the new position(s)? If so, please include their resume(s) as an attachment.
12. Do you expect *Project Connect*-funded outreach workers to be able to provide services in a language in addition to English? If yes, which language(s)?

Artificial Intelligence Utilization (400 characters)

13. Artificial Intelligence (AI) Utilization: Did you use AI in the preparation of the language/content provided in this application? If so, please describe which tool and version was used and how it was incorporated and approved by staff.