Notice of Funding Opportunity (NOFO) and Request for Application (RFA)

Medi-Cal Coverage Retention Collaborative
Medi-Cal Outreach Grant Opportunity

RELEASE DATE:
November 20, 2026 4:00 PM

THIS IS AN ELECTRONIC SUBMISSION

APPLICATION DUE:
December 10, 2026 6:00 PM

For Questions Contact:
coverage@vhfca.org

The Medi-Cal Outreach Grant Opportunity has been made possible through the generous support of Santa Clara Family Health Plan, in partnership with Valley Health Foundation.

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Section 1. Introduction

1.1 Purpose

Unprecedented federal and state changes to Medi-Cal will impose multiple new requirements and restrictions, including work requirements, that put our communities' health, wellbeing, and stability at risk. In response Valley Health Foundation, with generous support from Santa Clara Family Health Plan ("SCFHP") is investing $15 Million to activate Community-Based Organizations, Community Clinics and a public outreach campaign with the aim of maintaining Medi-Cal enrollment and access to healthcare for Santa Clara County residents.

Valley Health Foundation ("VHF") announces the **Medi-Cal Outreach Grant** opportunity to support Community-Based Organizations (CBOs) and Community Health Worker (CHW) organizations in delivering targeted outreach, education, and enrollment assistance to residents at higher risk of losing coverage due to upcoming federal and state Medi-Cal changes.

Over the next two years, roughly 130,000 individuals are projected to lose Medi-Cal coverage in Santa Clara County, threatening access to care and resulting in more than $1 billion in annual revenue losses to the County and community clinics. This NOFO seeks to activate CBOs with deep community reach and trusted relationships in the community to mitigate these losses and support continuous enrollment.

1.2 Background

Medi-Cal provides essential health insurance coverage to low-income individuals and families, seniors, and people with disabilities who may not have access to employer-sponsored coverage. The scale of the Medi-Cal cuts is unprecedented. Impacts of the passage of H.R. 1 (One Big Beautiful Bill Act - 2025), combined with state cuts to Medi-Cal coverage for immigrant populations, represent the largest reductions in the program's history. Beginning in 2026 with the Medi-Cal enrollment freeze for certain immigrant populations, combined with new programmatic and eligibility changes, such as the transition to the fee-for-service delivery system and addition of work requirements for select groups, hundreds of thousands of local residents are at increased risk of becoming uninsured. These reductions underscore the urgent need for coordinated outreach, education, navigation, and retention efforts to help eligible residents maintain healthcare coverage and avoid disruptions in access to critical health services.

Recognizing the significant threat these changes pose to the health and economic stability of local residents, a cross-sector coalition of healthcare, government,

non-profit, and community partners convened the **Medi-Cal Coverage Retention Collaborative** ("Collaborative") in April 2026. The Collaborative includes Valley Health Foundation (VHF), County of Santa Clara agencies, Santa Clara Family Health Plan (SCFHP), Community Health Partnerships (CHP) and several affiliated community health centers, and Working Partnerships USA. Through a series of planning sessions and stakeholder consultations, the Collaborative identified critical gaps including supporting individuals with work requirement exemptions and compliance , one-on-one Medi-Cal member assistance, data coordination, and community awareness that could contribute to avoidable coverage losses.

Working across sectors, the Collaborative seeks to strengthen Santa Clara County's healthcare safety net by ensuring eligible residents maintain access to health coverage and the preventive, primary, and specialty care services it provides. Based on its assessment, the Collaborative identified three interconnected strategies that are essential to preventing coverage loss and mitigating the adverse effects of forthcoming Medi-Cal policy changes:

1. **Targeted Individual Support to Groups at High-Risk of Coverage Loss**: Expand culturally and linguistically responsive outreach through trusted community messengers; provider enrollment, renewal, and exemption assistance; support compliance, documentation collection and submission; and increase navigation services for populations at greater risk of losing coverage.
2. **Data and Systems Strategy:** Improve cross-sector data sharing and coordination; expand access to eligibility and enrollment systems; identify individuals at highest risk for procedural disenrollment; and develop mechanisms to support exemption verification and compliance with new requirements.
3. **Public Education and Awareness Campaign:** Develop shared messaging and educational materials; implement multilingual digital and traditional media campaigns; engage faith communities, schools, employers, healthcare providers, and social service organizations to ensure residents understand upcoming changes and available support.

Together, these strategies form a comprehensive community response designed to reduce procedural coverage losses, maintain continuity of care, and protect access to healthcare for Santa Clara County residents most vulnerable to the impending Medi-Cal changes.

This NOFO covers Component 1: Medi-Cal Outreach Grant, with a total project budget of $10 million of which $8.5 million will be awarded as grants and service contracts. Additional components—Community Clinic Patient Enrollment ($3M) and

Public Media Campaign ($2M)—will be administered under separate funding processes.

Section 2. Funding Opportunity Description

This Notice of Funding Opportunity (NOFO) solicits applications exclusively for Strategy #1 – Targeted Individual Support to High-Risk Groups.

2.1 Purpose

The purpose of this strategy is to reduce preventable Medi-Cal coverage losses and promote continuous access to healthcare services among individuals at higher risk of losing coverage due to federal and state Medi-Cal policy changes, including new work requirements, renewal obligations, delivery system transition to Fee-For-Service and increased documentation and reporting requirements.

Funded activities shall provide direct, individualized assistance through targeted outreach, education, enrollment/renewal assistance, exemption screening, documentation support, enrollment/renewal troubleshooting, and care navigation services that help Medi-Cal eligible individuals maintain continuous health coverage. Services should be delivered through trusted community-based engagement and culturally and linguistically responsive approaches that help Medi-Cal eligible individuals successfully navigate changing eligibility, renewal, and compliance requirements.

2.2 Request for Applications

Valley Health Foundation, in partnership with the Medi-Cal Coverage Retention Collaborative, is seeking eligible Community-Based Organizations and Community Health Worker Organizations with the capacity and experience to implement **Strategy #1 - Targeted Individual Support to Groups at High Risk of Coverage Loss.** Funding will support organizations that provide direct assistance to Medi-Cal eligible community members and help reduce the risk of coverage loss among populations facing increased eligibility, renewal, and compliance challenges.

Through this funding opportunity VHF, on behalf of the Medi-Cal Coverage Retention Collaborative, seeks to establish a diverse cohort of community-based organizations, Community Health Worker organizations, and other eligible entities capable of reaching the varied communities in Santa Clara County with

accurate, timely, and consistent information regarding Medi-Cal policy changes, enrollment/renewal requirements and available resources. Priority will be given to organizations that have demonstrated experience serving populations at higher risk of losing coverage and established trusted relationships with the communities they serve. Funded organizations shall provide culturally and linguistically responsive outreach, education, enrollment support, enrollment/renewal assistance, and navigation services tailored to the unique needs of their target population(s).

2.3 Priority Populations

Grant activities must prioritize populations that face the greatest risk of disenrollment and demonstrate a clear connection to improving Medi-Cal coverage retention and continuity of care within Santa Clara County. Priority populations identified by the Medi-Cal Coverage Retention Collaborative at the highest risk of losing coverage include:

- Immigrant communities, including individuals with limited English proficiency and populations requiring culturally and linguistically responsive services;
- Individuals subject to federal work and community engagement requirements and those who may qualify for exemptions from such requirements (adults aged 19-64).
- Individuals with mental illness or substance use disorder;
- Individuals who are unhoused, unstably housed, housing insecure, or part of migrant or seasonal worker populations;
- Formerly incarcerated individuals transitioning back into the community;
- Former foster youth and transition-age young adults;
- Individuals with complex medical, behavioral health, disability-related, or social service needs;
- Populations that historically experience low levels of trust in government agencies, healthcare systems, or public benefit programs; and

Applicants shall designate which of these priority populations will be served by their organization, if selected for funding, and provide a narrative overview of their target population for services as part of their application for funding. Organizations should tailor their approach to required outreach and navigation activities to meet the needs of the population(s) served by their organization.

2.4 Grantee Activities

Under Strategy #1 - **Targeted Individual Support to High-Risk Groups**.

Funded organizations shall implement coordinated, community-based interventions that assist high-risk Medi-Cal eligible community members in maintaining health coverage and complying with new eligibility, renewal, reporting and work requirements, and supporting delivery system transition, as applicable. Services must be individualized, culturally and linguistically responsive, and designed to address the specific barriers experienced by populations most vulnerable to losing coverage due to documentation, reporting, or administrative challenges.

Grant funding will support organizations in implementing three core activity areas. Grantees should tailor their approach to these activities based on the needs, characteristics, and barriers experienced by the population they serve.

All grantees are required to conduct outreach and provide individualized support to Medi-Cal eligible individuals. Grantees are encouraged to, but not required to provide Medi-Cal enrollment and renewal assistance through either CalSAWs or BenefitsCal portals.

Required Activity #1: Outreach
Outreach activities include broad-based population efforts to provide information and access to resources to target populations about Medi-Cal and related processes and requirements.

Eligible outreach activities include, but are not limited to:

- Community events and resource fairs;
- Outreach tables at community gatherings and service locations;
- Canvassing and door-to-door outreach;
- Phone banking and direct outreach campaigns;
- Group educational workshops, presentations, and town hall meetings (virtual or in-person); and
- Other direct outreach activities that connect individuals with information and resources related to Medi-Cal coverage.

For reporting purposes, an outreach contact shall be defined as an individual person directly reached by the grantee. Social media posts, videos, websites, and other mass media communication strategies may support outreach efforts, but shall not, by themselves, be counted as outreach contacts toward grant performance goals. Each outreach contact is an individual person reached by the grantee organization.

VHF is working with a communications firm and partner organizations to develop and translate available materials for distribution.

Required Activity # 2: Individual Support to Medi-Cal Eligible Residents
Individual Support activities are distinct from outreach activities in that they involve direct, individualized, assistance provided by grantee staff to a specific Medi-Cal member or household, and related to their unique coverage, eligibility, enrollment, renewal, work requirement, exemption, or navigation needs. These activities generally require one-on-one interaction, individualized assessment, or case-specific guidance.

Eligible Individual Support activities may include, but are not limited to:

- Scheduled one-on-one consultation sessions between staff and client;
- Home visits to provide individualized assistance;
- Unscheduled individualized consultations that occur following a group education or outreach activity;
- Screening individuals for potential work requirement exemptions and assistance with obtaining, completing, and/or submitting supporting documentation;
- Individualized education to clients on potential medical frailty exemptions, including exemptions related to complex medical conditions, serious mental illness or substance use disorder, disability, or other qualifying circumstances;
- Client counseling or referrals to help meet work-requirement hours through paid employment, education, or volunteer service, with a focus on populations with employment barriers;
- Client counseling sessions to prepare a Medi-Cal enrollment application, renewal, or eligibility review, including a warm handoff to certified enrollment entity or County Social Services Agency;
- Review of individual client documents to determine eligibility, renewal, exemption, or verification needs;
- Individual support to assist clients in understanding and responding to notices, requests for information, adverse actions, or other communications related to Medi-Cal coverage;
- Other efforts to provide individualized education, problem-solving, navigation assistance, or benefits counseling specific to the individual's unique situation.

To qualify as an Individualized Support activity, the activity must involve direct interaction between grant staff and the individual or household, and must include guidance, assistance, or education customized to the individual's unique

situation. This grant is focused on activities for Medi-Cal members, including those that have lost coverage but would otherwise be Medi-Cal eligible.

Activity #3: Medi-Cal Enrollment/Renewal Assistance (Optional)
Maximizing coverage retention for as many Medi-Cal eligible residents as possible is the primary goal of this program. Grantees are encouraged, but not required, to provide direct assistance to clients to complete their Medi-Cal applications or renewals through either the CalSAWs or BenefitsCal portals.

CalSAWs and BenefitsCal can be used by local organizations to support public benefits enrollments in partnership with the County Social Services Agency (SSA). Grantees, and others, will have opportunities for training if they choose to support client enrollments in these systems. If your organization is not currently registered with these systems, VHF will link interested grantees to training opportunities from SSA on CalSAWs and BenefitsCal.

Eligible enrollment/renewal activities include:

- Assistance completing and submitting new enrollment applications and/or annual or six-month renewals, redeterminations, and other required forms or documentation via CalSAW's or BenefitsCal;
- Post-submission enrollment/renewal troubleshooting, case navigation, and coordination with County, State, health plan, and provider systems to resolve eligibility or enrollment barriers and support the completion of a renewal or enrollment application;
- Post-submission follow-up activities designed to ensure successful renewal completion, continued enrollment, and uninterrupted access to care; and

Each submitted Medi-Cal enrollment/renewal should be counted as an enrollment for the purposes of grant reporting regardless of if the client's application is approved.

2.5 Grantee Resources

To support grantees in implementation of program activities Valley Health Foundation and our partner organizations in the Medi-Cal Coverage Retention Collaborative will provide the following resources and supports to grantees throughout the term of the grant program:

- Medi-Cal Coverage Retention Collaborative Toolkit. All Grantees shall have access to a common information toolkit to include public messaging materials, frontline staff training resources, FAQs, client forms and other materials as requested by grantees and provided by County Social Services Agency, SCFHP, VHF and providers. VHF will maintain this digital

toolkit with grantee access throughout the term of the grant program. Translation of toolkit materials will be provided in languages requested by grantees by a VHF contracted translator.

- Grantee Training. Training by SSA, SCFHP , Santa Clara County Public Health Department and others, as needed, on key topics to support grant program activities including updates on changes to Medi-Cal requirements and processes throughout the grant period, access to and use of CalSAWs and BenefitsCal, and opportunities for certification and grantee capacity-building to access Community Health Worker Medi-Cal benefit revenue.

2.6 Grantee Participation Requirements

To ensure coordinated implementation and rapid dissemination of policy updates related to Medi-Cal eligibility, enrollment, renewal, and compliance requirements, all funded organizations shall be required to adhere to the following requirements during the term of the grant:

1. Participate in Grantee Learning Cohort Meetings. Attend meetings convened by VHF on a monthly basis, or more frequently as needed, to receive updates from the County of Santa Clara Social Services Agency - Department of Benefits and Enrollment Services (SSA-DEBS), SCFHP and others as needed to review policy and operational changes, share implementation challenges, and identify promising practices from peer grantees.
2. Utilize the Medi-Cal Coverage Retention Collaborative Public Campaign Toolkit. Incorporate outreach, education, and engagement resources contained within the Collaborative Toolkit, including culturally and linguistically responsive digital and traditional print materials, messaging templates, outreach collateral, and other resources into grantee outreach activities. These materials will be developed through the Medi-Cal Coverage Retention Collaborative public messaging campaign and will be made available to all grantees and partner organizations. maintained by the Collaborative's designated Information Hub Manager.
3. Utilize Approved Enrollment and Educational Materials. Use official Medi-Cal enrollment, renewal, and educational materials provided by SSA-DEBS and SCFHP to ensure consistent messaging, accurate information dissemination, and alignment with current eligibility requirements.
4. Coordinate Outreach and Engagement Efforts. Share information on scheduled community outreach events/activities with VHF staff or contractors maintaining the toolkit, to support a shared grantee calendar to reduce

duplication of effort, minimize multiple contacts with the same households, and promote an efficient countywide coverage-retention strategy.

5. Participate in Data Collection and Reporting Activities. Collect and report program performance data and other information reasonably requested by VHF to support evaluation, continuous improvement, and measurement of countywide coverage-retention efforts.

Failure to participate in required coordination activities may be considered in the evaluation of grantee performance and future funding opportunities including extension of grant term for this program.

Section 3. Program Budget and Use of Funds.

A total of **$8.5 million** is available under this NOFO to support **Strategy #1 – Targeted Individual Support to High-Risk Groups**, the Collaborative's core strategy. Funding is intended to support Community-Based Organizations (CBOs) and community health worker organizations with deep reach into priority populations and to strengthen the County's capacity to mitigate coverage loss during the 2027–2028 Medi-Cal policy changes.

3.1 Program Timeline and Funding Period

The funding period for awards issued under this NOFO is anticipated to begin as early as January 1, 2027, and conclude on July 31, 2028, unless otherwise specified in the grant agreement. Activities supported by this funding must be implemented in accordance with the following anticipated schedule:

Milestone	Target Date
NOFO Release	November 20, 2026 4:00 PM PST
Application Deadline	December 10, 2026 6:00 PM PST
Begin Proposal Review and Selection	December 11 - 18, 2026
First Notices of Intent to Award	No earlier than December 29, 2026
Grant Agreements Executed (rolling basis)	January - February 2027
Start of Program Implementation	January - February 2027
Reporting Period	Month 2 and Month 5 of each 6-month

	Grant Term
Final Performance Report	At Grant Closeout or July 31, 2028

VHF reserves the right to adjust the schedule as necessary to meet programmatic, administrative, funding requirements or state or federal policy changes. Applicants should be prepared to commence program activities promptly upon execution of a grant agreement and maintain services throughout the full grant term.

3.2 Award Structure

VHF anticipates awarding approximately 50–60 grants, contingent upon proposal quality and projected outcomes, to organizations demonstrating effective approaches to outreach, education, and enrollment of priority populations consistent with the Grant Activities outlined in Section 2.4.

Grant awards will be issued in tiered amounts based on the applicant's proposed service goals and expected reach with consideration for the complexity and intensity of the target population's needs, and the scope and scale of the proposed activities.

Grants will be issued for an initial six (6) month performance period. At VHF's sole discretion and subject to the availability of funds, grants may be renewed for up to two (2) additional six (6) month terms for a total maximum term of eighteen (18) months. Renewal decisions will be based on the grantee's demonstrated performance, achievement of program outcomes, compliance with grant requirements, ongoing community need and continued alignment with the program's objectives during the preceding performance period.

There are three funding levels available under this funding opportunity. Applicants should request the funding level that is commensurate with their organizational capacity, proposed scope of work, anticipated beneficiary reach, and the ability to achieve the corresponding performance targets. These levels have been established to accommodate organizations of varying size, capacity, and population reach.

Organizations may apply for funding under one of the following levels:

Level	Maximum Award (Full 18-Month Term)	6-Month Award	Outreach Goal/ 6-Month Period (Individuals)	Individual Support Goal (Individuals)

Level 1	$75,000	$25,000	500	200
Level 2	$150,000	$50,000	1,500	600
Level 3	$225,000	$75,000	3,500	1,400

Level 1: $75,000 Maximum. Up to $25,000 per performance period
18-Month cumulative goal: Minimum of 1,500 individuals reached with information and education, and/or a minimum of 600 units of individualized education, enrollment, and/or renewal assistance.

Level 2: $150,000 Maximum. Up to $50,000 per performance period
18-Month cumulative goal: Minimum of 4,500 individuals reached with information and education, and/or a minimum of 1,800 units of individualized education, enrollment, and/or renewal assistance.

Level 3: $225,000 Maximum. Up to $75,000 per performance period
18-Month cumulative goal: Over 10,000 individuals reached with information and education, and/or a minimum of 4,000 units of individualized education,enrollment, and/or renewal assistance.

3.3 Funding Term and Disbursement

Awards will support up to an 18-month program period (January 2027 to July 2028). Funds will be disbursed in 6-month installments. The first installment equal to one-third of the grant amount will be advanced upon execution of the grant agreement. The second and third installments will be advanced contingent upon adherence to the Grantee Participation Requirements outlined in Section 2.6 above and good-faith efforts to achieve performance goals as assessed through regular reporting and VHF monitoring of grantee activity records.

Unsatisfactory progress toward the goals outlined in the grant agreement scope of services may lead to termination of the project and any forfeited funds will be reallocated to other eligible applicant organizations to ensure continued coverage-retention efforts throughout the program term.

Section 4. Use of Funds

4.1 Eligible Uses

The use of funds under this NOFO may be used for activities that directly support Strategy #1 - Targeted Individual Support to High-Risk Groups, including:

- Direct service activities outlined in Section 2.3 above
- Program staff wages/salaries and benefits
- Program supplies and materials
- Mileage
- Consultant services, as required
- Indirect cost not to exceed 15% of direct personnel and non-personnel program costs
- Other reasonable expenses as approved by VHF

4.2 Ineligible Uses

- Lobbying or political campaign activity
- Supplantation of other committed revenue sources, including any grant funding or billable reimbursement for Medi-Cal enrollment assistance already provided by other funders such as DHCS, SCFHP or other managed care plans under the Medi-Cal CHW benefit
- Direct financial incentives (e.g., gift cards) for individuals to enroll in health coverage programs or receive medical care
- Costs not aligned with program purpose

Section 5. Reporting Requirements

5.1 Monthly Grantee Cohort Meetings

To give VHF and the Medi-Cal Coverage Retention Collaborative real-time intelligence on implementation challenges experienced by community members while federal and state Medi-Cal requirements continue to evolve, Grantees shall be prepared to report out on emerging issues to include:

- Common challenges or concerns for Medi-Cal eligible residents relative to retaining their coverage
- Common barriers to completing renewals or work requirements experienced by Medi-Cal members
- Policies, notices, forms, public messaging or system changes creating confusion in the community relative to Medi-Cal coverage.
- Recommended solutions informed by community observations.

5.2 Reporting Requirements

To support continuous improvement, identify barriers to coverage retention, and measure program performance, grantees shall collect and report both

qualitative and quantitative information in months two (2) and five (5) of the six-month grant term. Reporting requirements are intended to document program progress on outreach and individual support goals, identify trends affecting Medi-Cal members, and inform collaborative strategies to maximize coverage retention.

Performance measures will be incorporated into each grantee's final scope of work and used by VHF to monitor progress towards outreach, individual support, and enrollment/renewal goals (as applicable). Applicants are encouraged to review the Medi-Cal Outreach Grant Sample Reporting Form as a reference for anticipated reporting requirements.

VHF reserves the right to modify reporting requirements during the grant term to align with the program needs, federal or state policy changes, or funding requirements.

Grantees shall submit aggregate data on services provided and achievement of grant goals, and **de-identified** quotes or anecdotes to illustrate program impact. Reporting shall not include Personally Identifiable Information (PII). Reporting shall be submitted through VHF's online grant management platform - Submittable within five (5) business days after the end of the reporting period in an online form provided by VHF in Submittable.

5.2.1 Qualitative Reporting

Grantees shall collect and summarize information that provides insight into the reasons Medi-Cal members lose coverage, the barriers they encounter, and opportunities to strengthen outreach and enrollment assistance efforts. Qualitative information may include, but is not limited to:

- **Staff Observations and Field Notes**. Documentation of recurring issues, emerging policy implementation concerns, service delivery challenges, and recommendations for improving beneficiary support and coverage retention.
- **Lessons Learned and Promising Practices**. Document effective outreach approaches, educational strategies, culturally responsive practices, and enrollment assistance methods that contribute to successful coverage retention outcomes.

Grantees shall summarize qualitative findings in periodic performance reports and participate in collaborative learning activities to share emerging trends, challenges, and successful strategies with VHF and other funded organizations.

5.2.2 Quantitative Reporting

Grantees shall include quantitative findings relative to their performance goals. These reports shall include:

- Description of outreach activities and number of individuals reached through information and education efforts.
- Number of individuals receiving one-on-one enrollment, renewal, navigation, or Medi-Cal coverage assistance.
- Number of Medi-Cal enrollment applications or renewals, submitted, where applicable. Reporting of this metric only applies for organizations submitting directly through CalSAWs or BenefitsCal (Activity #3).
- Narrative summary describing activities completed and use of grant funds during the reporting period.

Section 6. Application Submission

Grant applications, including applicable documents, must be submitted through the online application portal - Submittable.

Applications will be accepted until **December 10, 2026, at 6:00 PM, PST.** Incomplete applications may be rejected or may delay the review of your proposal. Only online applications will be accepted. Grants will be awarded to proposals expected to be beneficial to the Medi-Cal outreach and enrollment activities listed in Section 2.4.

6.1 Eligibility

Eligible applicants include:

- Nonprofits organizations
- Educational institutions
- Healthcare providers, including behavioral health providers but excluding FQHCs
- Faith-based organizations
- Community Health Worker organizations
- Nonprofit and CHW consortia. The Lead Agency must meet the eligibility requirements, is a registered 501(c)(3), and must execute Memorandum of Understanding with Member Agencies outlining responsibilities, performance measures, and use of funds.

Organizations that are contracted with a Managed Care plan or billing CHW services in Fee-for-Service are eligible to apply as long as the activities proposed under the grant are not billable to Medi-Cal.

Priority consideration will be given to organizations that provide direct outreach, enrollment assistance, and Medi-Cal or public benefits renewal services to individuals who are at the highest risk of losing coverage as described in Section 2.4. See Section 6.4.2 for preference points scoring.

Applicants must also:

- Have a registered Employer Identification Number (EIN)
- Serve residents of Santa Clara County
- Nonprofits must demonstrate a tax-exempt designation
- Be an organization in good standing with the Department of CA Secretary of State and the CA Office of the Attorney General
- Be in good standing with VHF, the County of Santa Clara, and SCFHP.
- Maintain nondiscrimination policies aligned with federal, state and local municipality laws.
- Secure insurance coverage that meets VHF Insurance requirements if selected for funding, prior to the execution of a grant agreement.
    - For organizations with grant award under $100,000
    - For organizations with grant award over $100,000

6.2 Online Application Submission

Potential applicants will need to create a free Submittable account to submit their application. Applicants may start, save, and return to draft applications in the online portal. Information required to establish an account includes the primary contact person's first and last name, email address, organization and password. This Submittable Training Guide can provide tips on your Submittable account and how to invite collaborators within your team to your application. Awarded grantees will continue to use Submittable throughout the term of the grant for reporting and communication.

6.3 Required Application Information

The online application will require organization information as well as the information listed below. Proposals should highlight the population the organization proposes to reach through the grant activities and the organizational strengths and experience to reach the target population.

- ☐ Population Served: To include targeted population characteristics, demographics, languages of services, and geographic service area.
- ☐ Program Narrative: Provide a brief description of the organization's strategies to reach the target population(s) with grant activities

outlined in Section 2.4, and its organizational readiness to promptly initiate the proposed activities.

- ☐ Organization Qualification and Experience: Provide a description of the organization's current services to the target population, history and experience serving the target population, any experience with Medi-Cal or public benefits enrollment support, and any other organizational assets or qualifications that support successful implementation of the grant activities.
- ☐ 18-month Activity Goals:
  - Expected number of outreach contacts
  - Expected number of individual support contacts
  - Expected number of Medi-Cal enrollment/renewal submissions
- ☐ Narrative on the Use of Funds: To include expense type and description, and amount.
- ☐ Employer Identification Number (EIN)
- ☐ Organization Financial Statements:
  - Most recent audited financial statements, or reviewed financial statements prepared by an independent certified public accountant, and latest IRS Form 990.
  - For organizations with operating budgets ≤$2 million: Unaudited YTD financial statements, and Board-approved budget, and latest IRS Form 990.

6.4 Evaluation Process and Review Procedures

All complete applications will be reviewed in the order received. The online application portal, Submittable, time-stamps each application upon submission and will assign the application a submission ID number.

6.4.1 Initial Eligibility Review

VHF staff will conduct an initial review to verify application completeness and eligibility. Incomplete applications may be rejected and may not advance to further review. VHF may request clarifying information from applicants as part of the review process. Applications that do not meet the eligibility requirements described in Section 6.1 may be rejected, may not be rated, and may not be considered for selection.

6.4.2 Preference Points

To support the goals of equity, accessibility, geographic coverage, and service effectiveness, VHF may award up to 15 points to eligible applicants that

demonstrate one or more of the following characteristics. VHF recognizes that other eligible organizations may not meet these characteristics but are still eligible to receive funding:

Preference Criteria	Points
Serves a priority population that is not served by other applicant organizations, thereby increasing the diversity and reach of the Collaborative network (see population list in Section 2.3)	4
Primary organizational focus is serving immigrant communities	3
Serves one of the following hard-to-reach populations unhoused/unstably housed individuals, those with Serious Mental Illness and/or Substance Use Disorder, formerly incarcerated individuals transitioning back to the community and/or other individuals with complex medical and social needs	3
Current utilization of CalSAWS and/or BenefitsCal to support client enrollment, renewal, or case management activities in public benefits programs which may include Medi-Cal, CalFresh, CalWORKs, SSI or other programs.	3
Provides immigration legal consultation, or immigration-related services that may support client navigation of Medi-Cal policy changes for immigrants	2
Maximum	15

Preference points will be applied only after an application has been determined to meet all minimum eligibility and threshold requirements. VHF reserves the right to validate all preference point claims and request supporting documentation.

Upon completion of the eligibility review and assignment of preference points, eligible applications will be advanced to the Proposal Review phase. The highest scoring applications will be reviewed first, and continue in descending order until all applications have been reviewed. Date and time of application submission will be used as a tie-break for applications with equal scores.

6.4.3 Proposal Review

Applications that pass the eligibility review will be evaluated by a non-conflicted review panel with expertise in community-based services and Medi-Cal coverage retention. The review panel will evaluate applications in accordance with the criteria outlined in Section 6.5.

Funding recommendations will be based on the demonstrated organizational capacity and readiness, anticipated impact, geographic distribution of services,

population coverage, and the overall goals of the Medi-Cal Outreach Grant program.

6.5 Evaluation Criteria

Eligible applications will be evaluated on the following criteria and will be the primary consideration for selecting a proposal:

- ☐ Program Alignment: The extent to which the proposed activities are in alignment with the eligible activities, funding objectives, target populations and intended outcomes described in this NOFO, including populations identified at higher risk for disconnection from Medi-Cal as described in Section 2.3
- ☐ Program Design and Approach: Quality, clarity, feasibility, and effectiveness to reach the target population within the initial 6-month grant timeframe, and the proposed activity for the second and third grant term, if extended.
- ☐ Organizational Capacity and Readiness: Demonstrated experience, staffing, partnerships, qualifications, and operational capacity necessary to successfully implement the proposed activities, ramp up services quickly, manage grant requirements, and provide scheduled qualitative and quantitative performance reports. VHF will assess the organization's with experience with the target population and proposed services. Projects with demonstrated early readiness will be prioritized.
- ☐ Use of Funds Reasonableness: Reasonableness and appropriateness of the proposed use of funds in relation to the scope of work and anticipated outcomes.
- ☐ Application Completeness: The application was complete in addition to all supporting documentation. Incomplete applications may delay the review of your proposal or result in the denial of the application.

Applications receiving the highest scores in priority points and recommended by the review panel may be advanced for funding; however, scoring alone does not guarantee an award. In making a final decision, VHF may consider geographic distribution of services, coverage of priority populations, organizational capacity and financial stability, service duplication or gaps, available funding, and the overall composition of the funded portfolio. VHF reserves the right to make funding recommendations that best advance equitable access to outreach, education, enrollment assistance, and Medi-Cal coverage retention services throughout Santa Clara County.

NOTE: Valley Health Foundation may amend, suspend or discontinue proposals at any time without notice or obligation to the applicant that submitted the proposal.

6.6 Appeal Process

Applicants may appeal a funding decision by submitting a written appeal to the Medi-Cal Outreach Grant Program Officer at coverage@vhfca.org, within three (3) business days after receipt of the award denial notification.

Appeals shall be limited to allegations of procedural error, conflict of interest, or misapplication of the eligibility requirements or evaluation criteria as set in this funding opportunity. Disagreement with the review panel's scoring, judgement, or funding recommendations shall not constitute grounds for appeal.

VHF will review all timely appeals and issue a written determination within three (3) business days. Appeals will be reviewed by the VHF President and Executive Director, or their designee. The decision by VHF shall be final and not subject to further review.

6.7 Required Award Documentation

To facilitate timely execution of grant agreements and commencement of funded activities, applicants are encouraged to prepare the documents listed below at the time of application submission. Applicants selected for funding shall submit all required documents within five (5) business days following the issuance of the Notice of Intent to Award (NOI). Prior to execution of the grant agreement, selected applicants shall provide:

- ☐ Certificate of Insurance demonstrating compliance with VHF Insurance Requirements
    - ☐ For organizations with grant award under $100,000
    - ☐ For organizations with grant award over $100,000
- ☐ A completed IRS W9 Form
- ☐ Designation of Board-approved authorized signer evidenced in organization by-laws or Board Resolution (see Sample Board Resolution
- ☐ A completed VHF ACH Authorization Form
- ☐ For Non-profit organizations, a copy of the organization's IRS tax-exempt determination letter (upon requests)

Section 7. Award of Grant Funds

VHF will award grant funding based on application review score, funding availability, and alignment with the goals and priorities of this funding opportunity, and the programmatic considerations described herein.

Applicants selected for funding will receive a Notice of Intent to Award Funds (NOI) through the grants management portal- Submittable. Issuance of a NOI does not constitute a binding commitment or guarantee of funding by VHF, and is contingent upon the applicant's satisfactory submission of the documentation required in Section 6.7, successful completion of any required reviews, and execution of a grant agreement.

VHF reserves the right to request additional information, negotiate budgets, modify award amounts, impose special conditions, or decline to make an award if required documentation is not provided or if circumstances change that affect the funding availability or program priorities.

No applicant shall be entitled to reimbursement for costs incurred prior to the full execution of the grant agreement. Grant funds will be distributed only after all award conditions have been satisfied and a grant agreement has been executed by both parties.

7.1 Advance Payments and Grant Disbursements

The Medi-Cal Outreach Grant program is structured as an initial six (6) month grant term, with the possibility of up to two (2) additional six (6) month extensions, for a maximum grant period of eighteen (18) months. Continuation funding is contingent upon funding availability, grantee performance, compliance with grant requirements, submission of required reports, and approval by VHF.

To support timely implementation of grant-funded activities, VHF will provide advance payment equal to one-third (⅓) of the approved funding amount for the entire eighteen (18) month grant term upon execution or extension of the grant agreement.
Specifically:

- One-third (⅓) of the total grant award will be disbursed upon execution of the grant agreement for the first 6-month term.
- If extended for an additional 6-months, one-third (⅓) of the total grant award will be disbursed upon satisfactory review of the prior period

performance and full execution of the amendment to extend by both parties.
- If extended for the third 6-month term, the remaining one-third (⅓) of the total approved grant award will be disbursed upon satisfactory review of the prior period performance and full execution of the amendment to extend by both parties.

All advanced funds must be used solely for eligible grant activities and expenditures incurred during the grant term. Grantees shall account for the use of advance funds through timely progress reports in a form required by VHF and submitted through the on-line grant management portal - Submittable. VHF will monitor use of funds and may audit program expenditures during the term of the grant to assure compliance with program requirements.

Approval of each extension period and associated advance payment is subject to VHF's review of grantee performance, reporting compliance, achievement of program objectives, and continued availability of grant funding. VHF reserves the right to modify payment schedules, withhold payments, require additional information, adjust future funding levels, or terminate funding in accordance with the grant agreement.

Any funds not expended for eligible purposes, or not adequately documented, may be subject to repayment or offset against future disbursements,

Section 8. Grant Administration and Compliance Requirements

Grantees shall comply with all terms and conditions set forth in the grant agreement, this NOFA and any subsequent guidance issued by VHF.

8.1 Grant Management Oversight

VHF reserves the right to monitor all grant-funded activities to ensure compliance with program requirements and achievement of grant objectives. Monitoring activities may include desk reviews, site visits, virtual meetings, interviews, requests for supporting documentation including financial records, and other oversight activities deemed necessary by VHF.

Grantees shall respond to requests for information in a timely manner and cooperate fully with monitoring and evaluation activities conducted by VHF or its authorized representatives.

8.2 Reporting Requirements

Grantee shall submit all reports in the format and frequency established by VHF.

Grantees shall submit qualitative reports, quantitative performance reports, and any additional reports required by VHF to evaluate program effectiveness and community impact, as outlined in Section 5 above.

Failure to submit complete and timely reports may result in delayed payments, corrective action requirements, suspension of funding, denial of grant extensions, or termination of the grant agreement.

8.3 Financial Management Requirements

Grantees shall maintain financial management systems and internal controls sufficient to properly account for receipt and expenditure of grant funds.
Grant funds shall be expended solely for eligible activities and allowable costs approved by VHF. Grantees shall maintain documentation sufficient to support all expenditures charged to the grant.

VHF reserves the right to disallow expenditures that are determined to be unallowable, unreasonable, inadequately documented, or inconsistent with approved grant activities.

Any unexpended, uncommitted, or improperly expended funds may be subject to repayment.

8.4 Record Retention

Grantees shall maintain complete and accurate financial, programmatic, performance, and supporting documentation related to all grant-funded activities. All grant-related records shall be retained for a minimum period of three (3) years following the expiration, termination, or closeout of the grant agreement, or longer if required by law, audit, litigation, claim resolution, or governmental investigation.

Records may be maintained in paper or electronic format, provided they are readily accessible and capable of being reproduced upon request.

8.5 Publicity and Acknowledgment

Grantees shall acknowledge Valley Health Foundation and Santa Clara Family Health Plan as funders of activities supported under this grant program.

VHF reserves the right to publicize grant awards, funded activities, and program outcomes including in VHF reporting to SCFHP. SCFHP as a public entity may report out on grantee activities, performance data, and funding levels in their reports to their Governing Board in public meetings

Section 9. Applicant Questions and Contact Information

Questions about this Notice of Funding Opportunity and Request for Application (RFA) or other inquiries about the Medi-Cal Outreach Grant program can be directed to coverage@vhfca.org with the Subject Line: Grant Opportunity Question. Frequently Asked Questions (FAQs) will be posted to the VHF website of submitted questions on December 3, 2026.

Two briefing sessions have been scheduled for potential applicants to learn more about changes coming to Medi-Cal and this funding opportunity. Information and registration links are available at Medi-Cal Outreach Grants : How We Help : Valley Health Foundation.

Attachments

1. VHF Insurance Requirements
    a. For organizations with grant award under $100,000
    b. For organizations with grant award over $100,000
2. Submittable Training Guide
3. Medi-Cal Outreach Grants Grant Sample Reporting Form
4. IRS W9 Form
5. Sample Board Resolution (to designate signer of grant agreement)
6. VHF ACH Authorization Form