

Michigan Department of Health and Human Services
Nursing Facility Infection Control Grants
Application
January 9, 2023

The Michigan Department of Health and Human Services (MDHHS) is making *Infection Control Grants* available to skilled nursing facilities. The purpose of these grants is to support structural and operational improvements to skilled nursing facilities to reduce the spread of infectious disease. These grants can be used to pay for all or a portion of the costs of infection control improvements. As a recipient, funds can be used to cover eligible costs that your organization incurred during the period beginning on March 3, 2021 and ending on September 30, 2023. A facility may request an exception, which will be reviewed on a case-by-case basis, if unforeseen circumstance result in expenditures extending beyond September 30, 2023. Costs incurred by the recipient prior to March 3, 2021 are not eligible.

Timeline

All skilled nursing facilities in Michigan may submit an application from January 9, 2023 until 5:00 pm on March 30, 2023.

For facilities that were previously awarded less than \$65,000.00, you are eligible to submit another application. Please note: the maximum award will not exceed the \$65,000.00. For example, if your facility was awarded \$30,000.00 and you submit an additional application for a project that cost \$70,000.00, you may be awarded an additional \$35,000.00. You may be eligible for up to \$65,000.00 if your facility has not previously applied for this grant.

MDHHS will review all applications for completeness. Please send questions regarding the application process to MDHHS-ICGRANTS@michigan.gov. Incomplete applications will be returned to the facility and may be resubmitted one time. The corrected application must be submitted within 10 business days of notification by MDHHS. Complete applications will be evaluated on the review criteria defined below. MDHHS will review applications in the order they are received and the facility will be notified of the final grant determination. All efforts will be made to issue final determinations no later than thirty (30) business days from March 30, 2023 (the end of the grant application period). Payment will be made through a gross adjustment within two to four weeks of determination.

Grant Award Parameters

MDHHS will accept funding applications from skilled nursing facilities based on the eligibility criteria noted below. Infection rates for the six months prior to installation and six months post installation must be submitted. For example, if your project was completed on March 30, 2021 you would need to submit your infection control data with your application (*September 30, 2020-September 30, 2021*). If your project is completed on January 31, 2023 you would need to wait six months after the completion to submit infection control rates (*July 31, 2022-July 31, 2023*). These data will only be used to assess the impact of the project and relative impact of strategies.

Funds from this project cannot be used to pay expenses that will be or have been reimbursed by another federal program.

Grant Amount Limit

MDHHS has established a maximum grant award amount of \$65,000.00 to any individual skilled nursing facility. If you are reapplying for additional funds, it will be to the maximum of \$65,000.00 total for both awards.

Eligible projects may include, but are not limited to, the following:

- Efforts to improve indoor air quality, including maintenance and improvements to indoor heating, ventilation, and air-conditioning systems.
- The creation of negative air pressure rooms.
- The creation of isolation areas in nursing homes for sick residents.
- The purchase and installation of technologies to reduce the spread of infectious disease.

Grant funds may not be used to replenish infection control supplies used in normal operations including but not limited to personal protective equipment and cleaning supplies.

If a technical evaluation is needed to determine the facility needs for the infection control equipment, installation, and supplies, the application may include these costs.

Grant funds must be utilized for only what is proposed in this application. Adjustments to the proposal once it is approved will not be allowed.

Review Criteria

The review criteria are as follows:

1. The application must be complete. Incomplete applications will be returned to the facility and may be resubmitted. The corrected application must be submitted within 10 business days of notification by MDHHS.
2. The structural and operational improvements must be designed to improve infection control within the facility.
3. The structural and operational improvements must be appropriate to meet the stated need in the facility.

Applications must be e-mailed to MDHHS-ICGRANTS@michigan.gov. Your application must include the following:

- 1. The Required Application Information document with all fields completed.**
- 2. Facility floor plan**
- 3. Itemized vendor quote or vendor's description of the equipment**
- 4. UEI number.** Register and maintain active registration with the Federal System for Award Management (SAM) and provide the related Unique Entity Identifier (UEI) number

to MDHHS. The SAM website is <https://sam.gov/content/home>. The direct hyperlink for SAM.gov registration is <https://sam.gov/content/entity-registration>.

Required Application Information:

Nursing Facility:	
Address:	
Facility NPI #:	
Facility CCN #:	
Has this facility had a recent name change or ownership change? (CHOW)	<p>Yes</p> <p>No</p>
If yes, is the NPI or name change approved in CHAMPS?	<p>Yes N/A</p> <p>No</p>
Did you receive a previous award in 2022 or a contingent award for this infection control grant?	<p>Yes</p> <p>No</p>
If yes, please list the amount awarded	
Sigma Vendor Code:	
Sigma Vendor Address:	
Unique Entity Identifier (UEI Number)	
Submitted By:	
Position:	
Phone and Email	
On-site Contact Person:	
Position:	
Phone and E-mail	
Square Feet of Facility:	
Square Feet of Target Area, if less than the whole facility:	

Describe your Project Proposal:

Describe the project's scope, target area, timeline, and rationale for this purchase.

(If the project involves the facility's HVAC system, describe the system.)

Timeline of completion:

Date of project completion (if it has been completed):

Describe the scope of the project: (if applicable, what is the current process and what will be the new process)

Describe the system if the project involves HVAC: (please include target area (location) of the improvements)

Rationale behind the purchase or improvement:

Please describe specific infection control improvements expected. (For example, how will the project enhance current processes or improve reducing infectious disease in your facility)

Project Budget (If grant funds are being used for part of a larger improvement project that includes funds from another source, the application must describe the full project, including total costs.) The budget must include each equipment purchase and a total overall amount shall be included. Please use the below table to list your proposed equipment or improvements. You do not need to list line items on invoices (i.e., for HVAC you can just list RTU replacement, location, and total amount) You may attach a separate sheet if necessary.

Any budget that exceeds the grant amount must explain how the facility will fund the remainder of the project:

