Application Preview

Facesheet

1. Demographic Information

Please review the pre-populated information and edit as needed. Enter the first month and date of the grantee agency's fiscal year.

- a.　Demographic Information Name
- b.　Organizational Unit
- c.　Address
- d.　Address 2
- e.　City　　　　　　　　　　　　　　　　　　　　State　　　Zip
- f.　Federal ID Number　　　　　　　　　　　　　Reference No.

- g.　Demographic Information fiscal year (beginning month and day)

- h.　Agency Type

  ○ Native American Tribes　　　○ Private, Non-Profit　　　○ Private, Proprietary

  ○ Public　　　　　　　　　　　○ University

- 1.　Select the appropriate radio button to indicate the agency method of accounting.

  ○ Accrual

  ○ Cash

  ○ Modified Accrual

- 2.　Is your agency currently registered in the 211 database?　　　○ Yes　　○ No

2. Program / Service Information

Please indicate if the grantee agency is implementing the program. If no is selected, enter the implementing agency's name. Click on the mailbox to enter the implementing agency's contact information.

- a.　Program / Service Information Name
- b.　Is implementing agency same as Demographic Information　　　○ Yes　　○ No
- c.　Implementing Agency Name
  Address

  City　　　　　　　　　　　　　　　　　　　　State　　　Zip
  Phone　　　　　　　　　　　　　　　　　　　Fax
- d.　Project Start Date　　　　　　　　　　　　　End Date
- e.　Amount of Funds Requested　　　　　　　　　Project Cost

3.   Contact Information

At a minimum, the grantee Agency must identify an Authorized Official, Financial Officer and a Project Director in the application. If the individuals identified are system users, select the applicable user name from the lookup menu. Review and edit their contact information as needed.

a.   Contact Type
     Name
     Title
     Mailing Address
     City   State   Zip Code
     Telephone   Fax
     E-mail Address

Certifications

4.   Assurances and Certifications

A. SPECIAL CERTIFICATIONS

a   ☐   By checking this box, the individual or officer certifies that he or she is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Contractor.

b   ☐   By checking this box, the individual or officer certifies that he or she is authorized to sign the agreement on behalf of the responsible governing board, official or Contractor.

Narrative

5.   Executive summary (10 points, Click Show Instructions for more details)

Provide a brief description of your proposed project, how it relates to the purpose of the Nursing Home Enrichment program, and what benefit your project will provide. Give an overview of why your organization is qualified to carry out this project.

1,200 characters maximum

6.   Problem Statement (5 points, Click Show Instructions for more details)

In this section describe in both quantitative and qualitative terms the nature and scope of the problem or issue the proposed intervention is designed to address. Describe how the project will potentially affect nursing facility residents. Include a description of the gaps in nursing facility resident happiness, satisfaction, well-being, spontaneity, meaningful activities, connections to community, opportunity to become well-known, or opportunity for person-centered life enrichment.

5,000 characters maximum

7.   Program Target Area

Please identify the counties that will directly receive services or be impacted by the project. Check all boxes that apply.

Counties project will serve (check all that apply):

☐ Alcona	☐ Alger	☐ Allegan
☐ Alpena	☐ Antrim	☐ Arenac
☐ Baraga	☐ Barry	☐ Bay
☐ Benzie	☐ Berrien	☐ Branch
☐ Calhoun	☐ Cass	☐ Charlevoix
☐ Cheboygan	☐ Chippewa	☐ Clare
☐ Clinton	☐ Crawford	☐ Delta
☐ Dickinson	☐ Eaton	☐ Emmet
☐ Genesee	☐ Gladwin	☐ Gogebic
☐ Grand Traverse	☐ Gratiot	☐ Hillsdale
☐ Houghton	☐ Huron	☐ Ingham
☐ Ionia	☐ Iosco	☐ Iron
☐ Isabella	☐ Jackson	☐ Kalamazoo
☐ Kalkaska	☐ Kent	☐ Keweenaw
☐ Lake	☐ Lapeer	☐ Leelanau
☐ Lenawee	☐ Livingston	☐ Luce
☐ Mackinac	☐ Macomb	☐ Manistee
☐ Marquette	☐ Mason	☐ Mecosta
☐ Menominee	☐ Midland	☐ Missaukee
☐ Monroe	☐ Montcalm	☐ Montmorency
☐ Muskegon	☐ Newaygo	☐ Oakland

☐ Oceana   ☐ Ogemaw   ☐ Ontonagon

☐ Osceola   ☐ Oscoda   ☐ Otsego

☐ Ottawa   ☐ Presque Isle   ☐ Roscommon

☐ Saginaw   ☐ St. Clair   ☐ St. Joseph

☐ Sanilac   ☐ Schoolcraft   ☐ Shiawassee

☐ Tuscola   ☐ Van Buren   ☐ Washtenaw

☐ Wayne   ☐ Wexford   ☐ Out Wayne

8.   Goals and Objectives (10 points, Click Show Instructions for more details)

In this section, describe clearly the project's goals and major objectives. Unless the project involves multiple, complex interventions, there should only be one overall goal.

5,000 characters maximum

9.   Proposed Activities (15 points, Click Show Instructions for more details)

Provide a clear and concise description of the interventions that will be used to address the problems described in the problem statement. The section must include the rationale for using the interventions.

5,000 characters maximum

10.   Challenges and Barriers (5 points, Click Show Instructions for more details)

In this section describe major challenges or barriers anticipated throughout the project and the plan to overcome them. Include a description of strategic partnerships with entities such as organizations, supporters or consumer groups, that will be formed, if any.

5,000 characters maximum

11.   Expected Measurable Outcomes (7 points, Click Show Instructions for more details)

In this section, clearly identify the measurable outcomes that are expected because of this project. Projects that do not include expected measurable outcomes will not be funded. A "measurable outcome" is an observable end-result that describes how the intervention benefited nursing facility residents. The outcome may be described in terms of a change in the nursing facility resident's functional status, mental well-being, knowledge, skill, attitude, awareness, happiness or behavior. It may also measure a change to the degree in which nursing facility residents exercise choice to participate in activities, receive care, or express satisfaction with the way this project's activities are delivered.

Measurable outcomes require baseline data. This allows the evaluation to demonstrate the amount of change (if any) after the intervention took place. Baseline data may include a measurement of resident satisfaction before, during and after implementation of the project. A measurable outcome is NOT a measurable "output" such as the number of residents who served, number of training sessions held, or number of services or units provided.

5,000 characters maximum

12.   Evaluation (8 points, Click Show Instructions for more details)

This section describe the methods, techniques and tools that will be used to determine whether the proposed interventions achieved the anticipated outcomes, and to document the lessons learned, both positive and negative, from the project. This section will be useful to people interested in replicating or modifying the project. Specifically, this section must describe a "process evaluation" the applicant will use to measure progress in implementing the project, including how it plans to document "lessons learned" from the process.

5,000 characters maximum

13.   Dissemination (5 points, Click Show Instructions for more details)

This section describe how the applicant will disseminate the project's results and findings. Dissemination must be timely and in easily understandable formats for interested parties. Interested parties include those who may use the results of the project to inform practices, program development, quality of life and care improvements, and those interested in replicating the project. This section must include details for participating in an annual conference hosted by MDHHS to share their project progress with others. Applicants must include projected expenses for project staff to attend a one-day conference in Lansing in their annual project budget.

5,000 points maximum

14.   Organizational Capacity and Key Staff (5 points, Click Show Instructions for more details)

The application must include an organizational capacity statement and vitae for key staff and project personnel. Provide an organizational capacity statement that describes how the applicant's agency is organized, the nature and scope of its work and the capabilities it and the key staff possess. Required elements include a short vitae for each key project staff and an organizational chart including key staff, their names and titles.

5,000 characters maximum

(Please attach necessary documents at the end of the application)

15.   Budget Narrative (10 points, Click Show Instructions for more details)

In this section, please provide a budget narrative that resembles the sample provided, as well as a clear synopsis for the proposed project. The narrative does not have to include the line items that must be detailed in the budget section, but must match the overall cost and category costs of the budget section. Projects that include expenses prohibited by either the Centers for Medicare and Medicaid Services (CMS) or MDHHS will be disqualified. Please include costs associated with the annual conference to be hosted by MDHHS (a one day conference in Lansing).

5,000 characters maximum

(Please attach necessary documents at the end of the application)

Work Plan

| FOR OFFICE USE ONLY: | Version # _____ | APP # _____ |

16.   Workplan (10 points)

SAMPLE

Budget

	Line Item	Qty	Rate	Units	UOM	Amount
Total	1.	**Salary & Wages**				
	Instructions : Select all the position titles or job descriptions required to staff the program. Enter the quantity and rate as average cost per FTE. Select the UOM (Unit of Measure) using the look-up icon as 'FTE'. Using Notes enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits). This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses.					
	1. Accountant					
	2. Administrator					
	3. Analyst					
	4. Assistant					
	5. Attorney					
	6. Chief Executive Officer					
	7. Clerk					
	8. Data Entry/Coder					
	9. Consultant					
	10. Coordinator					
	11. Counselor					
	12. Case Manager					
	13. Case Worker					
	14. Customer Support					
	15. Director					
	16. Educator					

Budget Detail (10 points) for Nursing Facility Enrichment Competitive Grant Program - 2020

17. Epidemiologist					
18. Evaluator					
19. Executive Director					
20. Financial Analyst/Specialist					
21. Field Coordinator					
22. Financial Officer					
23. Health Educator					
24. Health Officer					
25. Intern					
26. Information Officer					
27. Laboratory Technician					
28. Lead Worker					
29. Medical Personnel					
30. Manager					
31. Nurse					
32. Nutritionist/Dietician					
33. Outreach Worker					
34. Program/Project Manager					
35. Programmer					
36. Physician					
37. Principle Investigator					
38. Planner					
39. Researcher					
40. Sanitarian					
41. Secretary					

	42. Senior Analyst					
	43. Specialist					
	44. Student					
	45. Surveyor					
	46. Social Worker					
	47. Technician					
	48. Trainer					
	49. Volunteer					
	50. Web Developer					
	51. Other [ ]					
2.	**Fringe Benefits**					
	Instructions : Enter Composite Rate for fringe benefit or select the applicable fringe benefits using the look-up icon for employees assigned to this program. If selecting 'All Composite Rate' is includes the following fringe benefits; FICA, Unemployment Ins., Retirement, Hospital Ins., Life Ins., Visions Ins., Hearing Ins., Dental Ins., and Work Comp. If selecting 'Composite Rate', select the 'Notes' to enter the specific fringe benefits, when using composite rate. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees.					
	1. All Composite Rate					
	2. Composite Rate					
	3. Dental Insurance					
	4. FICA					
	5. Hearing					
	6. Hospitalization					
	7. Life Insurance					
	8. Longevity					
	9. Retirement					
	10. Tuition Remissions					

Budget Detail (10 points) for Nursing Facility Enrichment Competitive Grant Program - 2020

	11. Unemployment					
	12. Vision Insurance					
	13. Worker's Compensation					
	14. Other [ ]					
3.	**Travel**					
	Instructions : Enter cost of employee travel (mileage, lodging, registration fees). Use only for travel costs of permanent and part-time employees assigned to the program. This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. Specific detail should be stated in the space provided if the Travel category exceeds 10% of the Total Expenditures . Travel of consultants is reported under Other Expenses - as part of the Consultant Services.					
	1. Conference Registration					
	2. Air Fare					
	3. Lodging					
	4. Mileage [ ]					
	5. Per Diem [ ]					
	6. Lease Vehicle					
	7. Other [ ]					
4.	**Supplies & Materials**					
	Instructions : Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars ($5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. Specific detail should be stated in the space provided if the Supplies and Materials category exceeds 10% of the Total Expenditures.					
	1. Clinical Supplies					
	2. Computer					
	3. Drugs/Pharmaceuticals					
	4. Educational Films					
	5. Educational Supplies					

	6. Formula					
	7. Office Furniture					
	8. Janitorial Supplies/Services					
	9. Medical Supplies					
	10. Office Supplies					
	11. Postage					
	12. Printing					
	13. Printer					
	14. Screening Supplies					
	15. Software					
	16. Vaccines					
	17. Other [ ]					
5.	**Contractual**					
	Instructions : Enter cost of each subcontractor/sub-recipient separately. Specific details must include name, address, and phone number. Grantees must attach a Statement of Work, work plan, or fully executed agreement for contracts and agreements greater than or equal to $50,000. Use this category for written contracts or agreements with sub-recipient organizations such as affiliates, cooperating institutions, or delegate vendors when compliance with federal grant requirements is delegated (passed-through) to the sub-recipient vendors. Vendor payments, including, but not limited to: stipends and allowances for trainees, fee-for-services or fixed rate patient care, or consulting fees, should be identified in the Other Expense category.					
	1. Evaluation Services [ ]					
	2. Public Transportation [ ]					
	3. Stipends [ ]					
	4. Subcontracting Agency [ ]					
	5. Other [ ]					
6.	**Equipment**					
	Instructions : Enter a description of the equipment being purchased, using the Notes including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the					

Budget Detail (10 points) for Nursing Facility Enrichment Competitive Grant Program - 2020

	necessary accessories, installation costs and any taxes. Equipment is defined to be an article of nonexpendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit. Equipment items costing less than five thousand dollars ($5,000) each are to be included in the Supplies and Materials category. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.					
	1. Communication System [ ]					
	2. Computer Systems/Servers [ ]					
	3. Lab Equipment [ ]					
	4. Other [ ]					
7.	**Other Expense**					
	Instructions : Enter cost of other expenses. This category includes other allowable cost incurred for the benefit of the program. Specific detail should be stated in the space provided if the Other Expenses category exceeds 10% of the Total Expenditures.					
	1. Accounting Services					
	2. Audit Services					
	3. Auto Insurance					
	4. Building Insurance					
	5. Communication Costs					
	6. Data Line					
	7. External Consultant					
	8. Equipment Leasing					
	9. Fax					
	10. Fixed Unit Rate/Fee for Service					
	11. Honorarium					
	12. Incentives					
	13. Internet					
	14. Legal Fees					
	15. Membership					

Budget Detail (10 points) for Nursing Facility Enrichment Competitive Grant Program - 2020

	16. Mini-Grants					
	17. Meetings					
	18. Patient Care					
	19. Participate Support Cost					
	20. Space/Rental Costs					
	21. Scholarships/Fellowships					
	22. Space/Facility Costs					
	23. Subscriptions					
	24. Telephone					
	25. Training/Conference					
	26. Trainers					
	27. Utilities					
	28. Website					
	29. Other [ ]					
8.	**Indirect Costs**					
	Instructions : Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Using the 'Look-up' icon select the type of indirect rate in the text box below the selected item. Attach a current copy of the Indirect Costs Rate letter stating the applicable indirect costs rate budget line item. If using the De Minimis Rate, complete the Attachment B.4 "Indirect Code De Minimis Rate Calculation" form and attach to the De Minimis Rate budget line item.					
	1. Federal Approval					
	2. State Approval					
	3. Other Approval					
	4. De Minimis Rate – up to 10%					
	Totals					

	Category	Amount	Total	Narrative
1.	Salary & Wages			
2.	Fringe Benefits			
3.	Travel			
4.	Supplies & Materials			
5.	Contractual			
6.	Equipment			
7.	Other Expense			
8.	Indirect Costs			
	Totals			

SOURCE OF FUNDS

	Category	Amount	Cash	Inkind	Total	Narrative
1.	Fees and Collections					
2.	State Agreement					
3.	Local					
4.	Federal					
5.	Other					
	Totals					

Miscellaneous

20.   Supporting documentation

Please attach additional documents that are required by the Contract Manager.

Attachment Title	Attachment

20.   Supporting documentation