

MPHI
2024 Nursing Home Infection Control Grants
Application

High-Level Summary

Michigan Public Health Institute (MPHI), on behalf of The Michigan Department of Health and Human Services (MDHHS), is opening an infection control grant application. Any skilled nursing facility in Michigan can apply, including any skilled nursing facilities previously awarded an Infection Control Grant.

The purpose of this grant is to support structural and operational improvements to skilled nursing facilities to reduce the spread of infectious diseases. These grants can be used to pay for all or a portion of the costs of infection control improvements.

This award period begins January 1, 2025.

All projects must be completed within the contractual period.

Grant Overview

In this application period, a skilled nursing facility can be awarded up to \$250,000. Facilities can request up to this amount even if they have received previous Infection Control Grants. Constraints on grant requests are outlined in the contract. A sample contract can be reviewed at <https://mph.org/2024/07/31/infection-control-rfp>.

This is a non-competitive, first come, first served open grant period. MPHI will review applications in the order they are received. It is possible, depending on the application volume and approved applications, that some applications will not be awarded grant monies. Each facility will receive notification of application approval or denial via the primary email contact they provide in their application.

Applications can be submitted from 8 am (EDT) September 3, 2024 through 5 pm (EDT) October 1, 2024. Any application submitted prior to 8 am (EDT) on September 3, 2024 and after 5 pm (EDT) October 1, 2024 will not be considered.

The improvement work must be completed and invoices submitted according to contractual terms. All contractual terms are found in the sample contract.

Invoices for reimbursement can be submitted for work completed. Reimbursement payments can be made via paper check or Automated Clearing House (ACH). MPHI prefers to deliver payments via ACH where possible. If awarded, a link to sign up for ACH will be sent to the grantee.

Facilities must submit reimbursement requests using the MPHI invoice process and include proper documentation.

Facilities must comply with contractual reporting requirements. Facilities must submit infection rates for the six months prior to installation and six months after installation and a summary outcome with the infection control rates. The infection control rate data will only be used to assess the impact of the project and relative impact of strategies.

Grant Award Parameters

MPHI will accept project proposal applications from skilled nursing facilities based on the following eligibility criteria.

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 must be used for only what is proposed in this application.

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.

All approved applicants for HVAC or other construction projects must contact LARA for review. Grant amendments can be requested if the project is deemed not possible after a review from LARA. Amendments require documentation, and the amendment must be a project of the same kind.

You may change a product brand name or use a different vendor with documented rationale. For example, if the application stated UVC sanitation with a specific vendor for quoting purposes and it is no longer available, supply chain issues are noted, etc. you may select any vendor that sells this product if that is an approved project.

Other adjustments to the proposal once it is approved will not be allowed.

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.
- Pay for expenses that will be or have been reimbursed by another federal program or another grant program.

Procurement Policy Requirements

MPHI requires that funding applications apply a documented procurement policy that conforms to the procurement standards identified in the uniform guidance: 200.317-200.327.

To summarize those requirements:

- For projects up to \$10,000, only documentation of the selected quote must be uploaded.
- For projects between \$10,000.01 and \$250,000, MPHI requires that the applicant provide documentation of at least three vendor quotes and reasons for choosing the selected vendor to receive payment. One quote is required at the time of application. Additional quotes received after the application is completed can be submitted via email or at invoicing.
 - A non-response from a vendor is considered a quote.
 - Documentation for a non-selected quote can be as simple as an email from the vendor with their quoted number, or an email sent by the applicant that received no response.
 - A quote may also be a more formal written document from the vendor.
 - Documented reasons for choosing the selected quote are due at invoicing but may be submitted with the application.

Review Criteria

The review criteria are as follows:

1. The application must be marked as complete to be submitted. If it is not marked as complete, it will not be reviewed.
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 for the facility.

Application Contents

Your application must include the following:

1. The completed online application questionnaire with facility information, contact information, project proposals, and a project cost summary.
2. A copy of the facility's W-9.
3. A copy of the facility's most recent financial and single audit.
4. An itemized vendor quote or vendor's description of the selected equipment with pricing.
 - a. For projects between \$10,000.01 and \$250,000, one vendor quote, with additional due at invoicing.
5. Manufacturer information, brochure, or item description for items included in the proposal.
6. Approved UEI number.
 - a. If your UEI number is private on the SAM.GOV website, you must upload proof of a valid UEI number in your application.
7. Contact information for a facility signatory that has the authority to commit the facility to a subrecipient agreement. The agreement will be sent via DocuSign to the email address provided.
 - a. A subrecipient agreement is a legal agreement through which funding is passed to the subrecipient, in exchange for the subrecipient carrying out an outlined portion of the work and providing the resources necessary to conduct the work. The subrecipient takes full responsibility for the subcontracted effort.

Application Process

Complete this application online. Paper applications will not be accepted. Upload supporting documents where requested. The attachments should be in PDF, Word, and/or Excel format. No links to cloud platforms or SharePoint sites will be accepted.

Each individual nursing facility **must** have its own application and supporting documentation. An individual facility is defined by a CMS Certification Number (CCN). Only one CCN may appear on each application, and a separate application must be submitted for each CCN. Multiple facilities on one application will not be accepted.

If you cannot complete your application in one sitting, you may save your application and the system will provide you with a link to copy to return and continue your work.

When you have completed your application, you **must** select "Save & Mark Survey As Complete" to submit your application. **The application is not fully submitted until you mark it as Complete.** After you mark the application as complete, you may no longer go back to edit or upload anything.

You will receive an automatic reply upon marking your application Complete. This automatic reply will contain the date and time of submission and is your receipt that the application was submitted. If you do not receive an automatic reply, please first check your spam filters. If there is still no reply, please verify that you marked the application as Complete, completed all required fields, and uploaded proper file types.

Your position in the review order is solidified when you mark your application online as complete. The reviews will be conducted on a first-come, first-served basis based on completion date.

MPHI will only consider complete applications. No updates will be emailed during the review process, and you will not know the status until the review process is finished. You will receive notification when your complete application has been reviewed.

If you have questions or concerns about your submission or need technical assistance with the process, please reach out to MPHI at: nursinghomeinfectioncontrol@mphi.org.

In the body of the email please state the facility name and CCN. This will enable MPHI to quickly identify the application.

Required Facility Information

1. **Legal Name of the Nursing Facility:**
2. **Nursing Facility Doing Business As Name:**
3. **Street Address of Nursing Facility:**
4. **City of Nursing Facility:**
5. **ZIP Code of Nursing Facility**
6. **Facility Unique Entity Identifier (UEI):**
 - a. **If your facility's UEI is private, upload proof of a valid UEI here.**
7. **Facility Tax ID Number (TIN):**
8. **Facility National Provider Identifier (NPI) number:**
9. **Facility CMS Certification Number (CCN):** (One CCN per application.)
10. **Upload a copy of Facility's W-9.**
11. **Upload a copy of the Facility's most recent financial and single audit.**

Facility Contacts

You must list a program contact, a financial contact, and a facility contract signatory.

The **program contract** should be someone that MPHI can contact with requests, issues, and clarifications regarding the grant as a whole.

- **Facility Program Contact Name:**
- **Facility Program Contact Title:**
- **Facility Program Contact Email:**
- **Facility Program Contact Phone:**

The **financial contact** should be someone that MPHI can contact about invoicing and other financial matters.

- **Facility Financial Contact Name:**
- **Facility Financial Contact Title:**
- **Facility Financial Contact Email:**
- **Facility Financial Contact Phone:**

The **signatory contact** must have the authority to commit the facility to a legal agreement/contract. The agreement will be sent via DocuSign to the email address provided.

- **Facility Signatory Contact Name:**
- **Facility Signatory Contact Title:**
- **Facility Signatory Contact Email:**
- **Facility Signatory Contact Phone:**

Facility Ownership and Prior Awards

1. **Has this facility had a recent name change or change of ownership? Yes / No**
 - a. **If yes, what was the former “doing business as” name:**
2. **Did the facility receive an award in any of the two previous Nursing Facility Infection Control (NFIC) Grant (22-23) open application periods? Yes / No**
 - a. **If yes, what was the total amount received and what was the total project cost?**
3. **Did the facility receive other federal or state awards/grants for the project for which you are seeking reimbursement? Yes / No**
 - a. **If yes, please list the other grant or funding titles, amounts, and what portions of the project it paid for:**

Project Proposal

Complete all fields that apply to your project and upload required documents. Projects that include HVAC and non-HVAC elements will complete all sections.

Type of Project, select all that apply:

- 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.
- Other, please describe in a sentence:

1. **Summary of Project Proposal:** (Mandatory for all projects.)

2. **What is the timeline of completion for the proposed project? Estimated dates are acceptable. It is the responsibility of the facility to update MPHI if the timeline changes.** (Mandatory for all projects.)

3. **Please select the total project cost.**
 - a. **Less than \$10,000**
 - i. **Upload an itemized vendor quote or vendor's description of the equipment with pricing.** (Mandatory for all projects \$10,000 or less.)

 - b. **\$10,000.01 to \$250,000**
 - i. **Upload an itemized vendor quote or vendor's description of the equipment with pricing. You may upload more than one. Note that three vendor quotes and your reason for choosing the selected vendor will be required at invoicing.** (Mandatory for all projects between \$10,000.01 and \$250,000.)

 - ii. **Provide your reason for choosing the vendor you selected.** (Optional until invoicing.)

4. **Describe the *specific* infection control improvements expected. (For example, how will the project enhance current processes or reduce infectious disease in the facility?)** (Mandatory for all projects.)

5. **New Technologies, equipment, or other non-HVAC proposals: What is the current process, and what will be the new process? Include make and model of the new technologies or other equipment being proposed.** (Mandatory for any project with a non-HVAC component.)

6. **HVAC Proposals: Include the location of the improvements within the facility. You must also include the make and model of the equipment to be purchased, improved, or enhanced. Include what the current system is and what the new system will be.** (Mandatory for any project with an HVAC Component.)

7. **Upload product manufacturer information, brochure, or item description.** (Mandatory for all projects.)

Financial Table

The budget must include each equipment purchase and the total overall amount. Please use the table below to list your proposed equipment or improvements.

For the purposes of this application, these are high-level categories of improvement, such as HVAC, negative air pressure rooms, etc. You do not need to list every line item that will be required on invoices after award.

For example, for HVAC you can just list the brand of the equipment, location, and total amount. Please see the examples shown on the first two lines.

