Colorado Nursing Facility Culture Change Accountability Board
CMP Distribution Grants 2013-2014

Grant Application Form

GENERAL INFORMATION
Applicant Organization: _____

Address/Town/Zip:_____

Contact Person: _____Title: _____

Phone: _____ Email: _____

Amount of Request: $_____

Please be concise and limit your application to six pages, no smaller than 10 font. You may attach two additional pages for your P&L summary and balance sheet. If you need additional room, you can delete the tips and examples, but don't remove the headings from the form.

ORGANIZATIONAL INFORMATION
Describe your agency or organization. *(For example - What is your mission and purpose? How old is your organization? How many employees or volunteers?)*

What does your agency or organization do? *(If you provide a wide variety of services, focus on those related to resident-centered care in nursing facilities since that is the purpose of this grant.)*

Who do you serve? *(What kinds of people – families, seniors? How many people are served? Where are your services provided?)*

PROJECT INFORMATION

PURPOSE: How do you propose to use these grant funds? *(Project title, purpose and project summary. Describe how your proposal will meet the requirements and intent of HB 09-1196. Include the scope of work, service area, timeline and collaboration with others.)*

FUNDING: What is the full cost of your project and, if more than the grant, where will you get the remaining funds? Provide a budget for your project including of how the grant money will be used and any other funds or in-kind donations. *(Include the specific amount of grant funds to be used for the project, the time period of such use, and an estimate of any non-grant funds that you expect to be contributed to the project)*

EXPECTED OUTCOMES

How will receipt of this grant make a difference in the quality of life of people living in nursing facilities? How will the project be sustained and replicated? (*Provide a short description of the intended outcomes, deliverables, and sustainability)*

KEY PERSONNEL

Identify the key personnel (name and title) who will be responsible for implementing this project and the percent of their time that will be dedicated to the project.

CONSUMER AND OTHER STAKEHOLDER INVOLVEMENT

A brief description of how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.

INVOLVED ORGANIZATIONS

List all organizations that will receive funds through this project, and organization that will be expected to carry out and be responsible for the project. (*Organizations could include other individuals, consultants or contractors that perform work for the applicant and who will be paid with grant funds)*

NON-SUPPLANTING

Describe how this project will not supplant existing responsibilities of the nursing home to meet existing Medicare/Medicaid requirements or other statutory and regulatory requirements.

PROJECT EVALUATION/RESULTS MEASUREMENT

Colorado Culture Change Accountability Board is required to file a report on how the funds were distributed and what the impact was on residents residing in Colorado nursing homes. Describe in detail the methods by which the project results will be assessed. (including specific quantifiable measures)

ORGANIZATIONAL INFORMATION – BUDGET

Provide your balance sheet and P&L summary for your most recent fiscal year.
(These may be attached)

In general, where do you get your funding? Please use percentages. *(For example - 50% medicaid, 20% private pay, 15% medicare, 15% donations)*

If your organization is a nursing facility please answer the following regarding any surveys in the past 12 months.
Were there any deficiencies cited meeting the substandard quality of care level or above as defined by CMS in the State Operations Manual?

Were there any repeat G level deficiencies cited on a revisit?

We encourage you to submit your application electronically to
pcook@coculturechange.org
Application must be received by December 7, 2012 at 5pm
Late submissions will not be accepted.
If you have questions, contact CCCC at the same email address or by calling (303)-868-4311