

Application Cover Sheet (Attachment A)

1. Organization Information

Organization Legal Name

Address

City

State

Zip

2. Project Contact Information

Contact Name

Contact Email

Contact Phone Number

* 3. Tier Level (pick one)

Tier 1 (\$5,000 - \$19,999)

Tier 2 (\$20,000 - \$40,000)

* 4. Type of Project

Building Expansion/Renovation

Equipment

New Building

School-Based Health Clinic

IT Project

Telehealth

* 5. Projected Project Completion Month

October 2020

March 2021

November 2020

April 2021

December 2020

May 2021

January 2021

June 2021

February 2021

Certification Statement

As an authorized representative of the organization making application for this grant, I hereby certify that matching funds in the amount identified above are available for the exclusive use of this proposed project. I further certify that the cash funds designated for this purpose are not derived from state grant funds.

* 6. Initials

Certification Statement

As an authorized representative of the organization making application for this grant, I hereby certify that matching funds in the amount identified in the budget will be contributed to support the above named project upon the award of the grant. I further certify that the materials and equipment identified in the in-kind contributions budget were not purchased with state funds and have not been used to provide match for other grants or contracts.

* 7. Initials

Certification Statement

As an authorized representative of the organization making application for this grant, I hereby certify that, if awarded, all CIG funds will be expended by the end of State Fiscal Year, June 30, 2020.

* 8. Person Authorized to submit the application for the organization

Executive Summary

The Executive Summary is limited to one page single spaced, 12 pt. Times New Roman font, and must include the following information:

- **A brief summary of the planned capital project, including the geographic area that will benefit; and**
- **Explain why CIG Funds are needed in order to complete the planned project; and**
- **The total project budget, matching funds that applied to the project, and requested grant funds.**

9. Executive Summary

Upload Executive Summary (max of one page)

Choose File

Choose File

No file chosen

Project Narrative

The Project Narrative is limited to eight pages single spaced, 12 pt. Times New Roman font. Reviewers will not score information in the project narrative beyond eight pages. The project narrative will address the following criteria:

Need (Total 15 points)

Need - 15 points possible

- Explain the most relevant reasons this capital project is needed. This should be supported by referencing the applicant's current strategic plan, and other supporting/planning data as available and applicable.

10. Project Need (Max of two pages)

Upload Project Need making sure to address each item

Choose File

Choose File

No file chosen

Project Description (30 points)

Planned Project - 10 points possible

- Describe the planned CIG project and demonstrate how it is appropriate and responsive to the needs identified in the previous section. See RFP for additional information.

11. Project Description (max of three pages)

Upload the Project Description making sure to address each item

Choose File

Choose File

No file chosen

Impact (10 points)

- Describe the number of unduplicated patients served in 2019, the number of new patients that will be served, and/or how the quality of care will be improved as a result of this project. The number of patients stated in 2019 should match the number reported to Community Care's Quality Reporting System (QRS)/Federal Uniform Data System (UDS). . This should include both community-wide and current patient data that clearly describe the population who will benefit from expanded, diversified and/or improved services. Data should include poverty level, insurance status, social determinants, sources of other available healthcare services available to the targeted population, and other relevant data. As you demonstrate the impact of the project, describe how you quantify the projections.
- Describe how the planned CIG project will result in meeting the Kansas Legislature's goal: To increase the capacity of the safety net so that more underserved Kansans have access to and receive quality healthcare services.

12. Impact (max of three pages)

Upload Impact making sure to address and quantify the number of new patients impacted

Choose File

Choose File

No file chosen

Budget

Line Item Budget (10 Points Possible)

- The Line-Item Budget (Attachment B) will document the project cost;
- The total cost of the planned project should be included on the line item budget to develop a clear picture of the scope of work; and
- Any donated/contributed services and materials should be listed at fair market value. All donated/contributed services and materials may not be older than June 1, 2020; and
- All matching funds must be documented on either the Certification of Cash Matching Funds (Attachment C) or the Certification of In-Kind Contributions (Attachment D). and
- Supplemental documentation must also be submitted for matching funds.

State funds may not be used as cash match; likewise, materials and equipment purchased with state funds may not be used as matching local contributions.

[Attachment B Line Item budget Form](#)

[Attachment C Certification of Cash Matching Funds Form](#)

[Attachment D Certification of In-Kind Funds Form](#)

[Attachment E Project Work Plan Form](#)

13. Line Item Budget Form

Upload completed and signed Line Item Budget (attachment B)

Choose File

Choose File

No file chosen

Budget Narrative - 10 points possible

- Limited to two pages single-spaced, 12 pt. Times New Roman font will document the project cost, and provide specific details on how the CIG grant funds will leverage other funds, including a description and role of any community partners/companies.
- Narrative must include all assumptions used to estimate costs for each budget item. **Include all estimated discounts and vendor reductions.**
- Personnel: must include positions sum of salary and fringe benefits for the project period and entered into the respective row on the grant funds column, and description of employee's responsibilities

State funds may not be used as cash match; likewise, materials and equipment purchased with state funds may not be used as matching local contributions.

14. Budget Narrative

Upload Budget Narrative max of two pages

Choose File

Choose File

No file chosen

15. Certification of Matching Cash funds

Upload completed and signed Certification of Cash Matching Funds (Attachment C)

Choose File

Choose File

No file chosen

16. Supplemental Cash Match Documentation

Upload Supporting Cash Match Documents (i.e. Bank Statements, letter of credit, Loans/lines of credit, etc.)

Choose File

Choose File

No file chosen

17. Certification of In-Kind Matching Funds

Upload completed and signed Certification of In-Kind Matching Funds

Choose File

Choose File

No file chosen

18. In-Kind Matching Supplemental Documentation

Upload In-Kind Matching Supplemental Documentation (i.e. donated flooring, doors/windows, equipment, construction services, etc.)

Choose File

Choose File

No file chosen

19. Project Work Plan

Upload completed Project Work Plan (Attachment E)

Choose File

Choose File

No file chosen

20. Additional Supplemental Documentation

Upload additional supplemental documentation in support of your grant application

Choose File

Choose File

No file chosen