Capital Investment Grant Technical Assistance Webinar

July 24, 2020
AGENDA

• Welcome
• Purpose
• Eligibility
• Tiers
• Potential Projects
• Dates and Timeline
• Notice to Apply Form
• Match Requirements
• Funds Disbursement
• Point System
• Reporting Requirements
PURPOSE

To increase the capacity of Community Clinics so that more underserved Kansans have access to and receive quality healthcare services.
PURPOSE

- Increase the ability of clinics to open school-based health clinics
- Increase physical capacity of existing clinic sites
- Increase the ability of clinics to open a satellite or new site
- Improve the quality of care provided
ELIGIBILITY

- SFY 21 Community-Based Primary Care Clinic (CBPCC) Grantee
- Operational Community Clinic providing direct patient care services at the time of application
- Dollar for grant dollar match
  - *State funding or equipment purchased with state funds may not be utilized as matching funds for the purposes of this grant application.*
TIERS

• Tier one: mini-grants of $5,000 - $19,999
• Tier two: major grants of $20,000 - $40,000
POTENTIAL PROJECTS

• School-based health clinic, start up or expansion
• Building renovations/expansions
• New building construction
• Health Information Technology
• Equipment
## TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 2</td>
<td>Intent to Apply form due by 11:59 p.m.</td>
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<tr>
<td>September 7</td>
<td>CIG application due online by 11:45 p.m.</td>
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<tr>
<td>October 9</td>
<td>Notify Grant Recipients by 5 p.m.</td>
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<td>February 4</td>
<td>Mandatory post award CIG Grantee reporting webinar</td>
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<td>March 10</td>
<td>CIG Report due (Nov 1, 2020 – February 28, 2021)</td>
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<td>July 10</td>
<td>Final CIG Report Due (March 1, 2021 – June 30, 2021)</td>
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# Notice to Apply Form

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<tr>
<th>Field</th>
<th>Description</th>
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<tr>
<td>Organization Legal Name</td>
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<tr>
<td>Contact Name</td>
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<td>Contact Email</td>
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<td>Contact Phone Number</td>
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<tr>
<td>Organization Address</td>
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<td>City</td>
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<td>State</td>
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<td>Zip</td>
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<td>Tier Level</td>
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<td>Type of Project</td>
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[https://app.smartsheet.com/b/form/f27f0d0c7c684e0db34148ca0dfc2e87](https://app.smartsheet.com/b/form/f27f0d0c7c684e0db34148ca0dfc2e87)
MATCH REQUIREMENTS

- Match Funds Must be Secured/Documented at time of Application
- Dollar to grant dollar match
- Matching funds must be documented
- Cash
- In-Kind Contributions
  - Staff – limited to project coordinators
  - In-kind donations of services/materials may not be older than June 1, 2020
FUND DISBURSEMENT

CONTINGENT UPON Community Care RECEIVING FUNDING FROM KDHE

• 75% of funds dispersed upon receipt of fully executed Memorandum of Agreement (MOA)
• Remaining 25% of funds dispersed upon approval of final report
APPLICATION

• Executive Summary (10 points)
  – Limited to 1 page

• Project Narrative
  – Need: 15 points (max of two pages)
  – Project description: 30 points (max of three pages)
  – Impact: 10 points (max of three pages)
Budget

• Line Item Budget and Budget Narrative
  – Attachment B: Line Item Budget: 10 points
  – Budget narrative: 10 points (max of two pages)
  – Attachment C: Certification of Cash Matching Funds
  – Attachment D: Certification of In-Kind Matching Funds
  – Attachment E: Project Work Plan
  – Supplemental Documentation
Online Application

• https://www.surveymonkey.com/r/ZKGCBBM

OR

• https://www.communitycareks.org/capital-investment-grants-cig/
Contact

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