

SFY 22 Capital Investment Grant (CIG) Application

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

- | | |
|--|---|
| <input type="checkbox"/> Building Expansion/Renovation | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> New Building | <input type="checkbox"/> School-Based Health Clinic |
| <input type="checkbox"/> IT Project | <input type="checkbox"/> Telehealth |

* 5. Number of existing and/or new patients anticipated who will benefit from increased access (Number must be quantified under Population impacted section)

Existing Patients

New Patients

*** 6. Projected Project Completion Month**

November 2021

March 2022

December 2021

April 2022

January 2022

May 2022

February 2022

June 2022

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.

*** 7. Initials**

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.

*** 8. 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, 2022.

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

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Executive Summary

The Executive Summary is limited to one page single spaced, 12 pt. 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.**

* 10. Executive Summary

Upload Executive Summary (max of one page)

Choose File

Choose File

No file chosen

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Project Narrative

The Project Narrative is broken down into sections. Use 12 pt. font. Reviewers will not score information in the section beyond the max page limit noted.

****Applications that are incomplete, unsigned, or multiple submissions of the same document will cause the application to be ineligible for funding consideration.***

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.

* 11. Project Need (Max of two pages)

Upload Project Need making sure to address each item

Choose File

Choose File

No file chosen

Planned Project (30 points)

- Describe the planned CIG project and demonstrate how it is appropriate and responsive to the needs identified in the previous section. Please also address in this section possible issues COVID and any of its variants may cause and how you plan to address them if they should come to fruition and impact your project.

* 12. Project Description (max of four pages)

Upload the Project Description making sure to address each item

Choose File

Choose File

No file chosen

Population Impacted (10 points)

- Describe the number of unduplicated patients served in 2020, the number of existing and/or 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 the number of new and/or existing patients that will be served and how you quantify the number**
- 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.

* 13. Impact (max of three pages)

Upload Impact making sure to address each item and quantify the number of existing and/or new patients impacted

Choose File

Choose File

No file chosen

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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 forms

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

* 14. Line Item Budget - Attachment B

Upload completed and signed Line Item Budget

Choose File

Choose File

No file chosen

Budget Narrative - 10 points possible

- Limited to two pages single-spaced, 12 pt. font.
- The Budget narrative is a written explanation of your Line Item Budget. It 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.

* 15. Budget Narrative

Upload Budget Narrative max of two pages

Choose File

Choose File

No file chosen

16. Certification of Matching Cash funds: Attachment C

Upload completed and signed Certification of Cash Matching Funds

Choose File

Choose File

No file chosen

17. 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

18. Certification of In-Kind Matching Funds: Attachment D

Upload completed and signed Certification of In-Kind Matching Funds

Choose File

Choose File

No file chosen

19. 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

* 20. Project Work Plan: Attachment E - 10 Points Possible

Upload completed Project Work Plan

Choose File

Choose File

No file chosen

* 21. Additional Supplemental Documentation

Upload additional supplemental documentation in support of your grant application

Choose File

Choose File

No file chosen

* 22. I certify all documents have been signed and uploaded, including all supplemental documentation.