



## SFY 23 Capital Investment Grant Application

### \* 1. Organizational information

**Organization Legal  
Name**

**Street Address**

**City**

**State**

**ZIP code**

### \* 2. Project Director information

**Project Director**

**Title**

**Phone number**

**Email Address**

### \* 3. Tier Level

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

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

### \* 4. Projected Project Completion Month

December 2022

January 2023

February 2023

March 2023

April 2023

May 2023

June 2023



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Background

**Background section consists of the following information:**

- **Organizational mission statement**
- **Organization vision statement**
- **Current services provided**
- **Geographic area and Counties that will benefit from CIG Project**
- **Amount of CIG Funds being requesting**
- **Amount of matching funds being providing**
- **Total amount of project costs (must match line-item budget and budget narrative).**

\* 5. Organizational mission statement

**5 points possible**

\* 6. Organizational vision statement

**5 points possible**

\* 7. Current Services provided: mark in-house and/or referral for each item.

**10 points possible**

	In House	Referral
Primary Medical	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Services	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>
Radiography	<input type="checkbox"/>	<input type="checkbox"/>
Labs	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

\* 8. Geographic area/Counties that will benefit from CIG project

**5 points possible**

\* 9. Describe your proposed project

**10 points possible**

\* 10. Funding (please enter a number)

Amount of CIG funds being requested

Amount of matching funds being provided

Total amount of project cost

**Certification Statements**

As an authorized representative of the organization applying 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.

11. Initials

As an authorized representative of the organization applying 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 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.

12. Initials

As an authorized representative of the organization applying for this grant, I hereby certify that, if awarded, all CIG funds will be expended by the end of State Fiscal Year, June 30, 2023.

13. Person authorized to submit the application on behalf of the organization.



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Population Impacted

\* 14. Patients

Enter the number of unduplicated patients served in 2021 (**must match number in QRS**)

**5 points possible**

Enter the number of new patients to be served

**5 points possible**

Enter the number of existing patients to be served

**5 points possible**

\* 15. Describe in detail how you arrived at these numbers.

**15 points possible**

\* 16. Describe how the planned CIG project meets the Legislature's goal: To increase the capacity of the safety net so that more underserved Kansans have access to and receive quality healthcare services.

**10 points possible**



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### Project

**Mark the type of project you are proposing. If you have more than one project type, pick the item that is the majority of your project. For example, You are doing a building renovation and will also be ordering equipment. You would pick Facility renovation and/or expansion and incorporate the equipment into your answers on the following pages.**

#### \* 17. Type of Project

- School-Based health clinic; startup or expansion
- Facility renovation/expansion
- New Facility construction
- Health Information technology (HIT)
- Equipment
- Telehealth
- Mobile Unit



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School-Based Health Clinic

\* 18. Describe the need for the planned project and how it will increase the capacity to serve more students and/or improve the quality of care provided.

**15 points possible**

\* 19. List services to be provided at the School-Based clinic

**15 points possible (questions 19 - 22)**

\* 20. List school districts and schools that will be reached through this project

\* 21. How will the School-Based clinic be staffed? Will you use current staff or recruit new staff?

\* 22. Briefly describe any possible challenges COVID or or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 23. Is the project part of your current strategic plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding

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Facility renovation/expansion

\* 24. Describe the current facility and how the planned project will increase capacity to serve more patients and/or improve the quality of care provided.

**15 points possible**

\* 25. Enter the number of current number of exam rooms/dental operatories (list the number of medical, dental, behavioral health, etc.)

**15 points possible questions 25 - 29**

\* 26. If the expansion will add additional exam rooms/dental operatories, list the number and type of rooms to be added

\* 27. If the expansion includes additional exam rooms/dental operatories, describe recruitment plan, recent recruitment success and/or how current providers will staff the expansion.

\* 28. Describe equipment supplies needed for the project period included in the application

\* 29. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 30. Is the project part of your current strategic plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding



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New Facility construction

\* 31. Describe the current facility and why it is not currently adequate and how the planned facility will increase capacity and/or improve quality of care provided.

**15 points possible**

\* 32. Current Facility Information

**15 points possible questions 32 - 35**

Enter current facility  
square footage

Enter planned facility  
square footage

Enter current number  
of exam rooms

Enter number of exam  
rooms in planned  
facility

\* 33. If the new building includes additional exam rooms, describe recent recruitment successes and/or plans for recruiting additional providers to staff the expansion.

\* 34. Describe equipment and/or supplies needed for the project period included in the application

\* 35. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 36. Is the planned project part of your Clinic Strategic Plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding

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Health Information Technology (HIT)

\* 37. Describe your current Health Information Technology or lack of and how the proposed new/and or updated technology will increase capacity to serve more patients and/or improve the quality of care provided

**15 points possible**

\* 38. Describe equipment supplies needed for the project period included in the application

**15 points possible questions 38 - 39**

\* 39. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 40. Is the planned project part of your Current Strategic Plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding



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### Equipment

\* 41. Describe your current equipment or lack of equipment and how the advantages of the new equipment and/or replacement equipment will improve the capacity and/or quality of care provided.

**15 points possible**

\* 42. Describe equipment supplies needed for the project period included in the application. Reminder that supplies are limited to the project period (October 1, 2022 - June 30, 2023). (Supplies may be funded if they are directly related to equipment purchased through CIG).

**15 points possible question 42 - 43**

\* 43. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 44. Is the project part of your Current Strategic Plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding



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Telehealth

\* 45. Describe your current Telehealth capabilities and how the proposed project will increase your capacity to serve more patients and/or improve the quality of care provided to patients.

**15 points possible**

\* 46. Describe equipment supplies needed for the project period included in the application. Reminder that supplies are limited to the project period (October 1, 2022 - June 30, 2023). (Supplies may be funded if they are directly related to equipment purchased through CIG).

**15 points possible questions 46 - 47**

\* 47. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 48. Is the project part of your Current Strategic Plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding



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Mobile Unit

\* 49. Describe your need for a mobile unit and how the proposed unit will increase your capacity to serve more patients and/or improve the quality of care provided to patients.

**15 points possible**

\* 50. Describe proposed equipment included in the application and needed to support the provision of services with mobile unit

**15 points possible questions 50 - 52**

\* 51. Describe supplies needed for use in mobile unit during the project period and are included in the application. Reminder that supplies are limited to the project period (October 1, 2022 - June 30, 2023.) (Supplies may be funded if they are directly related to equipment purchased through CIG.)

\* 52. Describe any possible challenges COVID or other unforeseen PHE or declaration could cause (supply chain issues, contractor backlog, etc.)

\* 53. Is the project part of your Current Strategic Plan?

Yes

No

Yes - list section of current strategic plan where priority project is mentioned

No - explain why the project is not part of your current strategic plan and why it is a priority for CIG Funding



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Line Item Budget and Budget Narrative

\* 54. **Line Item Budget (Attachment B)**

- The Line-Item Budget documents the project cost; and
- Include the total cost of the planned project 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 must be from June 1, 2021 through the grant period;
- Do not list matching funds (i.e. from funder) as a separate line item on the budget. Each item on the line item budget form should list the corresponding funds (CIG or matching) next to the line item. Do not list it as a separate line item
- 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 of a minimum of two formal bids/estimates are required for contractors, equipment, supplies and miscellaneous items.
- Supplemental documentation must 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. If you have questions, please email Kari Parker, [kparker@communitycareks.org](mailto:kparker@communitycareks.org) prior to submitting your application.**

See page 8 of the RFP for additional information

**20 points possible**

Upload Line Item Budget form (Attachment B)

Choose File

Choose File

No file chosen

\* 55. **Budget Narrative:**

- Limited to three 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
- Supplemental documentation must 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.**

\* See page 8 of the RFP for additional information

**30 points possible**

Upload Budget Narrative max of three pages

Choose File

Choose File

No file chosen

\* 56. Budget Narrative supplemental documentation must be submitted for matching funds.

**15 points possible**

Upload supplemental documentation supporting the budget narrative

Choose File

Choose File

No file chosen

\* 57. Certification of Matching Cash funds: Attachment C

**10 points possible**

Upload completed and signed Certification of Cash Matching Funds

Choose File

Choose File

No file chosen

\* 58. Supplemental Cash Match Documentation

**10 points possible**

Upload Supporting Cash Match Documents (i.e. bank statements, letter of credit, loans/lines of credit, etc.)

Choose File

Choose File

No file chosen

59. 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

60. In-Kind Matching Supplemental Documentation. If you submit attachment D, you must upload supporting supplemental documentation.

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

 

No file chosen



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### Project Work Plan

\* 61. The project work plan (Attachment E) must include each project activity so that the main project activities and anticipated activity date are clearly outlined. **The work plan must demonstrate that the project will have progressed far enough so that all CIG funds and Matching funds are 100% expended and/or encumbered by June 30, 2023. Funds not expended or encumbered by June 30, 2023 must be returned to Community Care Network of Kansas and could result in grantee losing eligibility for funding during the next grant cycle.**

#### 10 points possible

Upload completed Project Work Plan

Choose File

Choose File

No file chosen

\* 62. Additional Supplemental Documentation

#### 10 points possible

Upload additional supplemental documentation in support of your grant application (i.e. floor plans)

Choose File

Choose File

No file chosen

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

#### 63. Person Submitting application

Name of person  
submitting application

title of person  
submitting application