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| NURSING HOME AND LONG-TERM CARE FACILITY INFECTION PREVENTION AND INFRASTRUCTURE MATCHING GRANT APPLICATION | | | | | | | | | | | | |
| Complete and submit this form to request Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Grant funds from the Wisconsin Department of Health Services (DHS). These funds have been awarded to DHS from the Centers for Disease Control and Prevention (CDC).  **Note:** This is a cost sharing program, meaning each facility or facility license must first pay for the project in full and can then submit for reimbursement. DHS will grant up to 50% of the total project cost with a cap of $20,000 in distributed funds per facility or per facility license.  In the event that there are more requests than funds available, a review panel will review applications further. Criteria used to evaluate, score, and award applications include, but are not limited to:   * The longevity and lasting impact of the project beyond the term of the funding. * The scope of the project and the number of people who may be impacted. * The impact the project will have on infection prevention and control.   **Instructions:** [Fill out form completely](mailto:dhsltcgrant@dhs.wisconsin.gov) and submit electronically to [dhsltcgrant@dhs.wisconsin.gov](mailto:dhsltcgrant@dhs.wisconsin.gov) along with any other supporting materials (for example, estimates for facility improvement or construction projects).  Incomplete applications or applications that do not meet the application guidelines will be returned to applicant so that it can be updated and resubmitted by the due date.  The initial round of applications is due April 25. The matching funds program will remain open until funds are all awarded or April 30, 2023, whichever is sooner.  For additional information and guidance on completing and submitting your application, the selection process, or reimbursement, please visit [www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm](http://www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm) or email [dhsltcgrant@dhs.wisconsin.gov.](mailto:dhsltcgrant@dhs.wisconsin.gov) | | | | | | | | | | | | |
| **Section I. Applicant Information** | | | | | | | | | | | | |
| Applicant/Organization Name | | | | | | | | | | | | |
| Mailing Address | | | | | City | | | | | State | | Zip Code |
| Facility Type | Skilled nursing facility  Assisted Living facility  Other type of long-term care facility | | | | If other, please specify | | | | | | | |
| License Number (if applicable) | | | | | Medicaid Occupancy Rate (if applicable) | | | | | | | |
| Project Contact Name | | Project Contact Title/Role | | | Phone Number | | | | Email | | | |
| **Section II. Project Details** | | | | | | | | | | | | |
| Funding Category—Select all that apply (for category descriptions, visit [www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm](http://www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm)) | | | | | | | | | | | | |
| Staff Retention and recruitment  Ancillary services  Supplies  Technology for infection prevention and control education, outbreak response, or telemedicine  Heating, ventilation, and air conditioning (HVAC) improvements  Other | | | | | | | | | | | | |
| If other, please specify | | | | | | | | | | | | |
| Project Title | | | | | | | | | | | | |
| Target Audience—Who or what will the project impact? | | | | | | | | | | | | |
| **Needs Statement** | | | | | | | | | | | | |
| Explain why this project is needed. Identify the issue, problem, or opportunity the project will address. State the consequences if this project is not done. | | | | | | | | | | | | |
| **Project Description** | | | | | | | | | | | | |
| Describe the proposed project and how the funds will be used to address the above need. | | | | | | | | | | | | |
| **Results and Long-Term Benefits** | | | | | | | | | | | | |
| Briefly describe how this funding will affect services, staff, and/or residents. Indicate whether this project will address the need short-term or long-term. Explain whether there will be ways to measure the impact of this project (for example, inclusion in a Quality Assurance and Performance Improvement (QAPI) project, survey, etc.) | | | | | | | | | | | | |
| **Project Timeline** | | | | | | | | | | | | |
| Proposed Start Date | | | | | Proposed End Date | | | | | | | |
| List outcome(s) that will be met during the project timeline. | | | | | | | | | | | | |
| **Section III. Budget Narrative, Cost Estimate, and Grant Request** | | | | | | | | | | | | |
| DHS will grant up to 50% of the total project cost with a cap of $20,000 in distributed funds per project. | | | | | | | | | | | | |
| **Itemized Budget Detail** | | | | | | | | | | | | |
| **Item Description** | | | **Cost Category** | | | **Quantity** | **Cost** | | | | **Total Cost** | |
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| **Total Project Cost Estimate** | | | | | | | | | | |  | |
|  | | | | | | | | **Dollar Amount** | | | | |
| **Grant Request**—Up to 50% of total project cost estimate up to a maximum of $20,000. | | | | | | | |  | | | | |
| **DHS Cost Share** | | | | | | | |  | | | | |
| **Applicant Cost Share** | | | | | | | |  | | | | |
| **Section IV. Certification** | | | | | | | | | | | | |
| I hereby certify that all information provided in this application is true, accurate, and complete. I understand that any information found to be inaccurate, misleading, or falsified may result in disqualification from consideration for funding. | | | | | | | | | | | | |
| **SIGNATURE** | | | | Title/Role | | | | | | | Date Signed | |