**Michigan Department of Health and Human Services**

**Nursing Facility Infection Control Grants**

**Application**

**July 11, 2022**

The Michigan Department of Health and Human Services (MDHHS) is making *Infection Control Grants* available to skilled nursing facilities. The purpose of these grants is to support structural and operational improvements to skilled nursing facilities to reduce the spread of infectious disease. These grants can be used to pay for all or a portion of the costs of infection control improvements. As a recipient, funds can be used to cover eligible costs that your organization incurred during the period beginning on March 3, 2021 and ending on September 30, 2023. A facility may request an exception, which will be reviewed on a case-by-case basis, if unforeseen circumstance result in expenditures extending beyond September 30, 2023. Costs incurred by the recipient prior to March 3, 2021 are not eligible.

**Timeline**

Applications may be submitted until 5:00 pm, September 12, 2022. MDHHS will review all applications for completeness. Incomplete applications will be returned to the facility and may be resubmitted. The corrected application must be submitted within 5 business days of notification by MDHHS. Complete applications will be evaluated on the review criteria defined below. The facility will be notified of the grant determination within thirty (30) business days of submission of the application. Payment will be made through a gross adjustment within two weeks of notification.

**Grant Award Parameters**

MDHHS will accept funding applications from skilled nursing facilities based on the eligibility criteria noted below. Infection rates for the six months prior to installation and six months post installation must be submitted. These data will only be used to assess the impact of the project and relative impact of strategies.

MDHHS plans to fund as many eligible projects as the available funding will support. Should funding be available after the first grant application period closes on September 12, 2022, MDHHS may offer additional grant application opportunities. Funds from this project cannot be used to pay expenses that will be or have been reimbursed by another federal program.

**Grant Amount Limit**

MDHHS has established a maximum grant award amount of $65,000 to any individual skilled nursing facility.

**Eligible projects may include, but are not limited to, the following:**

* Efforts to improve indoor air quality, including maintenance and improvements to indoor heating, ventilation, and air-conditioning systems.
* The creation of negative air pressure rooms.
* The creation of isolation areas in nursing homes for sick residents.
* The purchase and installation of technologies to reduce the spread of infectious disease.

Grant funds may not be used to replenish infection control supplies used in normal operations including but not limited to personal protective equipment and cleaning supplies.

If a technical evaluation is needed to determine the facility needs for the infection control equipment, installation, and supplies, the application may include these costs.

**Review Criteria**

The review criteria are as follows:

1. The application must be complete. Incomplete applications will be returned to the facility and may be resubmitted. The corrected application must be submitted within 5 business days of notification by MDHHS.
2. The structural and operational improvements must be designed to improve infection control in within the facility.
3. The structural and operational improvements must be appropriate to meet the stated need in the facility.

Applications must be e-mailed to MDHHS-ICGRANTS@michigan.gov. Your application must include the following:

1. **The Required Application Information document with all fields completed.**
2. **Facility floor plan**
3. **Itemized vendor quote or vendor’s description of the equipment**
4. **UEI number.** Register and maintain active registration with the Federal System for Award Management (SAM) and provide the related Unique Entity Identifier (UEI) number to MDHHS. The SAM website is <https://sam.gov/content/home>. The direct hyperlink for SAM.gov registration is <https://sam.gov/content/entity-registration>.

**Required Application Information**

|  |  |
| --- | --- |
| Nursing Facility:  |  |
| Address: |  |
| Facility NPI #: |  |
| Facility CCN #: |  |
| Sigma Vendor Code:  |  |
| Sigma Vendor Address:  |  |
| Unique Entity Identifier (UEI Number)  |  |
| Submitted By:  |  |
| Position: |  |
| Phone and Email  |  |
| On-site Contact Person: |  |
| Position: |  |
| Phone and E-mail |  |
| Square Feet of Facility:  |  |
| Square Feet of Target Area, if less than the whole facility: |  |

**Project Proposal Narrative** (Also attach a clear, readable facility floor plan.)

**Describe the project’s scope, target area, timeline and rationale for this purchase.**

(If the project involves the facility’s HVAC system, describe the system.)

**Please describe specific infection control improvements expected.**

**Project Budget** (If grant funds are being used for part of a larger improvement project that includes funds from another source, the application must describe the full project, including total costs.)

**Proposed equipment**

Attach an itemized vendor quote or vendor’s description of the equipment that would be purchased under this grant.

**Attestations:**

By signing and dating below, the individual or officer signing this letter certifies by their signature that they are authorized to sign this letter on behalf of the nursing facility. The electronic signature represents agreement to the following:

1. The funds will be spent as proposed.
2. Infection rates for the six months prior to installation and six months post installation will be submitted. These data will only be used to assess the impact of the project and relative impact of strategies.
3. Funds from this project will not be used to pay expenses that will be or have been reimbursed by another federal program.

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| --- | --- |
| Signature:  |  |
| Printed Name: |  |
| Date: |  |