

PROJECT PROPOSAL

For Nursing Home Stakeholders Applying for Use of Civil Money Penalty (CMP) Funds

- This Project Proposal form is an application for grant monies derived from Civil Money Penalty (CMP) Funds. Grants are available for projects or programs that are provided through various interested nursing home stakeholders, e.g., as facilities, consumer groups, professional nursing home associations, ombudsmen, quality improvement organizations. For more information regarding these grants, refer to DQA Memo 09-044 at http://dhs.wisconsin.gov/ri_dsl/Publications/BQAnodMems.htm.
- The Quality Assurance and Improvement Committee reviews all proposals. Proposals which do not comply with instructions or are unable to comply with specifications mandated by this Committee may be rejected. The Committee retains the right to accept or reject any or all proposals or to accept or reject any part of a proposal. The Committee shall be the sole judge as to compliance with the requirements contained in this form.
- The Committee may request reports regarding the financial stability of an applicant and, if financial stability is not substantiated, may reject the proposal.
- The Committee prefers that applicants use the electronic Word version of this form when submitting a proposal. If you do not use this form, your proposal must contain all the information requested by this form in the order that it is requested. Each item must be numbered and organized appropriately.
- Your proposal should not exceed ten pages, although you are permitted to attach addenda.
- Recipients of awards will be required to make project reports to the Committee at least every three months, unless, based upon the nature of the project, the Committee decides otherwise.

▪ Submit completed form and any additional materials to:

Alfred C. Johnson, Director
 Bureau of Technology, Licensing and Education
 Division of Quality Assurance
 P.O. Box 2969
 Madison, WI 53701-2969

FAX: (608) 267-7119
 E-Mail: Alfred.Johnson@dhs.wisconsin.gov

Name - Submitting Agency/Group		Date Submitted	
Mailing Address – Street Address or P.O. Box		City	State Zip Code
Name – Project Originator		Title – Project Originator	
Name – Contact Person (Lead Administrator of Project)	Telephone Number	E-mail Address	
SIGNATURE – Person Submitting Proposal	Name – Person Submitting Proposal (Print or type.)	Date Signed	

1. Provide an executive summary of the proposal and an organizational profile / description. (Attach.)

2. Briefly describe how your proposal is unique, innovative, and how it is relevant to improving the quality of care/life for residents in nursing home facilities in Wisconsin. Attach as addenda any research or literature that supports your concept/proposal. (30 points)

3. Estimate as accurately as possible the cost of implementing the project. Explain in as much detail as possible how the funds will be disbursed (salaries, fees, professional services, hardware, equipment, rent, etc.) (5 points)

a. What time and/or assets will your agency/facility contribute to this project?

b. Are you willing to accept a partial award? Yes No

c. If yes, are you receiving awards from some other source? Yes No

d. Are those awards contingent upon receiving an award from this committee? Yes No

e. What is the minimum amount that you would accept?

f. What level of contribution (cash or in-kind) will your organization be making to this proposal?

g. What is the anticipated duration of the project?

4. List at least three (3) quantifiable performance and/or outcome measures for your initiative and the processes/tools used in measuring outcomes. *(25 points)*

5. Describe how your organization is qualified to carry out the proposal. *(5 points)*

a. Has your organization had previous experience implementing innovative initiatives? Yes No If "yes," briefly describe.

6. Explain how the information from the results of your proposal will be gathered and evaluated. *(5 points)*

7. Explain how the information from the results of your proposal could benefit other nursing homes in Wisconsin. *(30 points)*
