

## 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 and submit electronically to [dhsitcgrant@dhs.wisconsin.gov](mailto:dhsitcgrant@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 [dhsitcgrant@dhs.wisconsin.gov](mailto:dhsitcgrant@dhs.wisconsin.gov).

### Section I. Applicant Information

Applicant/Organization Name

Example Long-Term Care Facility

Mailing Address 1 LTCF Ln	City Facility	State WI	Zip Code 53000
Facility Type <input checked="" type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Assisted Living facility <input type="checkbox"/> Other type of long-term care facility	If other, please specify		
License Number (if applicable) 123456	Medicaid Occupancy Rate (if applicable) 75 Medicaid beds of 100 total filled beds (75%)		
Project Contact Name First Last	Project Contact Title/Role Administrator	Phone Number 111-111-1111	Email first.last@myfacility.org

### 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

Recognizing and Retaining Staff

Target Audience—Who or what will the project impact?

All staff who have been with Example Long-Term Care Facility for at least 6 months

### 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.

The COVID-19 pandemic has taken a toll on every facility and ours is no exception. Our greatest resource during this time was our staff who stepped up to take care of our residents in stressful and demanding conditions. They met that challenge and we want to recognize them for these efforts. It is also difficult to attract and retain staff in the current employment environment. This incentive is designed to make us a competitive employer by retaining our current staffing resources at all levels.

### Project Description

Describe the proposed project and how the funds will be used to address the above need.

This project will recognize all staff who have been with the facility for at least six months. This includes staff in all roles and will be paid through a one-time payroll bonus of \$500 for each staff member upon their six month anniversary. All staff who have already been in place for more than six months will qualify for this bonus during the first paycheck after initiation of this program. While no amount of money can fully recognize the tremendous contributions of our staff over the past few years, this is an attempt to uniformly acknowledge their service. We will document these payments with payroll reports submitted to DHS in lieu of invoices due to the nature of this project.

### 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.)

This project will recognize staff who stay with the organization while minimizing the amount of time and expense we devote to recruiting, hiring, and re-training staff. This will also maintain relationships our residents have with their current caregivers and build longer-lasting relationships.

### Project Timeline

Proposed Start Date

5/1/2022

Proposed End Date

4/30/2023

List outcome(s) that will be met during the project timeline.

1. Reduce staff who leave our facility for reasons other than retirement.
2. Recognize the work of staff who have established long-lasting relationships with our residents and their care needs.
3. Maintain safe staffing levels.
4. Retain institutional knowledge.

### 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
Retention bonus for all staff who currently qualify due to being with the facility for 6 months via payroll-issued bonus	Staffing	50 (currently qualify)	\$500 bonus per staff member	\$25,000
Retention bonus for all staff who will be with the facility for 6 months over the next year via payroll-issued bonus	Staffing	50 (estimated over the next year)	\$500 bonus per staff member	\$25,000


**Total Project Cost Estimate** \$50,000

**Dollar Amount**

**Grant Request**—Up to 50% of total project cost estimate up to a maximum of \$20,000. \$50,000

**DHS Cost Share** \$20,000

**Applicant Cost Share** \$30,000

**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**

*First Last*

Administrator

4/8/2022