## Instructions for Completion of Offline Health Care Quality Account Grant Application

If you have any questions regarding how to complete this application, please send an email message that includes your question(s) to: <a href="https://hcqa.grants@maryland.gov">hcqa.grants@maryland.gov</a>. We will aim to respond to your question(s), whether via email and/or teleconferencing, soon thereafter.

Each section of the application format must be completed.

You may register (that is, set up an account) with FormSite--the software platform for this application--in order to save your prior work, and then return to the application format later in order to continue to complete it. If you do not register with FormSite, you will not be able to save a partially completed application—in which case you will need to complete the application from start to finish during one work episode.

You will be required to complete each section on a given page of the application format before you will be able to advance to the next page, and you will be required to complete all sections across pages before you will be able to submit the application on-line.

Please notify us at hcqa.grants@maryland.gov if you encounter any difficulties with completing this application on-line.

### Title Page

<u>Proposed Project Title</u>: Indicate the title of your proposed project in a manner that (a) succinctly describes the central aim (that is, focus) of your project and (b) will give your project a distinctive identity.

<u>Full Legal Name of Applicant Organization</u>: If your organization is a registered entity, it has a legal name. Indicate the complete legal name of your organization. This legal name may be different from how your organization is typically named or otherwise identified.

<u>Entity Identification Number (EIN) of Applicant Organization</u>: If your organization is a registered entity, it has an entity identification number for tax-reporting and other purposes. Enter your organization's EIN. If your application is approved and funded, you will need to indicate your organization's EIN on each submitted invoice, along with an invoice control number issued by you or your designated billing agent.

<u>Mailing Address of Applicant Organization</u>: Indicate your organization's complete mailing address here, including floor and/or suite number if applicable. All mailed HCQA-related correspondence will be sent to this address.

<u>Website Address of Applicant Organization</u>: Indicate your organization's complete website address, if any. Or, indicate that the applicant organization does not have a website.

<u>Name of Proposed Project Director</u>: Indicate the name of the person who will lead the proposed project team and will serve as the principal point-of-contact for the applicant organization.

<u>Email Address of Proposed Project Director</u>: Indicate the at-work email address of the proposed project director. All emailed HCQA-related correspondence will be sent to this address.

<u>Telephone Number of Proposed Project Director</u>: Indicate the most preferred at-work telephone number of the proposed project director, including area code.

Name of Proposed Grant Manager/Administrator of Applicant Organization: If your organization has a designated grant manager/administrator other than the previously indicated proposed project director, indicate the name of this designated grant manager/administrator. Otherwise, select "Not Applicable."

<u>Email Address of Proposed Grant Manager/Administrator of Applicant Organization</u>: Indicate the at-work email address of the proposed grant manager/administrator, if applicable.

<u>Telephone Number of Proposed Grant Manager/Administrator of Applicant Organization</u>: Indicate the most preferred at-work telephone number of the proposed grant manager/administrator, if applicable.

#### **Executive Summary**

<u>Executive Summary</u>: Briefly describe the purpose and scope of the proposed project in a manner that enables reviewers to quickly determine whether or not this project is in alignment with funding guidelines.

# Project Plan

<u>Background and Significance</u>: Briefly describe why the proposed project is needed and, therefore, is important to pursue. Identify the most significant issues, problems, trends or opportunities for quality improvement that will be addressed via the proposed project.

<u>Project-Related Goals and Objectives</u>: Define the central aim and principal goals of the proposed project. For each goal, define one to three key objectives. Each defined objective must be SMART: (a) <u>Specific (i.e., clear and unambiguous)</u>; (b) <u>Measurable (i.e., observable and preferably countable, if feasible)</u>; (c) <u>Attainable (i.e., realistic and achievable)</u>; (d) <u>Relevant (i.e., pertinent to stated purpose and scope of project)</u>; and (e) Time-Bound (i.e., have defined starting and end points, or fixed durations).

<u>Project-Related Activities</u>: Briefly describe the major activities that will be undertaken by the proposed project team to achieve each stated objective.

<u>Project Timeline</u>: Briefly describe when each of these defined major activities will start/end during the proposed grant funding interval.

<u>Key Project-Related Deliverables</u>: Briefly describe the most important services and/or products to be delivered as a result of the achievement of stated objectives. If the proposed project is (a) an educational or training event or (b) a model demonstration or evaluation, indicate what resources will be created that can later be reproduced and disseminated for future use by others at low to no cost to them.

<u>Longer-Term Sustainability Plan</u>: Briefly describe how the activities, resultant resources and benefits generated during the completion of the proposed project plan will be sustained over time.

<u>Free to Low-Cost Access to Resultant Resources</u>: Briefly describe how other interested parties will be able to gain low-cost to free access to reproducible resources (such as educational and training materials, resource pamphlets, guidebooks, manuals), if any, that will result from a successfully executed project plan.

#### Consumer & Stakeholder Involvement

<u>Consumer & Stakeholder Involvement</u>: Identify key individual and organizational partners who will contribute to the planning, implementation and evaluation of the proposed project plan, and briefly describe their respective roles during each of these project phases.

#### **Expected Outcomes**:

<u>Expected Outcomes</u>: Identify the intended beneficiaries of your proposed project. That is, briefly describe who will benefit directly or indirectly as a result of the achievement of your stated project objectives. Briefly describe how these constituents will benefit from your proposed project activities, processes and outcomes.

<u>Building Sustainable Resources for Residents of Nursing Homes and/or Assisted Living Programs</u>: Briefly clarify how the successful execution of your proposed project plan will build sustainable resources for these key constituents, their families and/or those who provide them with services and supports.

#### **Progress & Outcomes Measurement**

Methods and Measures to be Used to Evaluate Project Activities, Processes and Outcomes: Briefly describe how the proposed project team will monitor project activities, processes and outcomes to evaluate overall project integrity and progress toward achievement of each stated objective.

### Proposed Project Budget & Justification

<u>Total Amount of Funding Requested</u>: Clearly define the total amount of funding needed to accomplish the proposed project's goals and objectives.

#### Project Budget & Narrative Budget Justification:

Define and quantify major categories of project relevant: (a) personnel related expenses, (b) non-personnel related direct expenses, and (c) indirect expenses, if any. For each defined major category, clarify the basis for and defend (i.e., justify) cost projections.

#### Assurance of Non-Supplantation

Provide a brief statement of assurance that the proposed project will not re-define, displace or replace the current responsibilities of any participating organization or team to fully comply with Medicare or Medicaid requirements, or other statutory or regulatory requirements.

#### Electronic Signature

The proposed project director must sign the completed, to-be-submitted application using: (1) a mouse-driven cursor, (2) fingertip or (3) stylus.