

Wisconsin Hospital Emergency Preparedness Program

**Licensed Nursing Home Grants
(ASPR FY2010)**

Grant Announcement

Applications must be submitted by 4:30 PM Central Time on Friday, November 30, 2010

**Applications received later than 4:30 PM Central Time on
Tuesday, November 30, 2010 will not be considered for award.**

**For further information regarding this grant opportunity,
contact your WHEPP Region Project Coordinator
(see Appendix A)**

Licensed Nursing Home Grants (ASPR FY 2010)

INTRODUCTION AND BACKGROUND:

The Wisconsin Hospital Emergency Preparedness Program provides financial and technical assistance to hospitals and other healthcare facilities throughout the state to enhance healthcare preparedness for public health emergencies.

In 2002, Section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417) established the Federal Hospital Preparedness Program to assist states in improving surge capacity and enhancing community and hospital preparedness for public health emergencies. The Omnibus Appropriations Act, 2009, provides funding for the FY 2010 grant awards (P.L. 111-8). The Wisconsin Hospital Emergency Preparedness Program receives funding in the form of a Cooperative Agreement grant from the US Department of Health and Human Services (DHHS), Office of the Assistant Secretary of Preparedness and Response (ASPR), Hospital Preparedness Program (CFDA 93.889, Federal Award Number U3REP090269-02-01).

AVAILABLE FUNDS

A total of \$400,000 is available for grant awards under this announcement. State-licensed Nursing Homes may apply for up to \$1,000 in allowable costs. (See Allowable Cost Section for details).

Funds awarded under this announcement will be for the grant project period starting at the date of the award and ending on March 31, 2011. Approved project proposals will be funded on a reimbursement basis. Reimbursements for approved, completed projects will be issued within 45-60 days of submission of required documentation.

IMPORTANT DATES:

Application Due Date: November 30, 2010

Project Start Date: Date of the award letter to Nursing Home

Project End Date: Thursday, March 31, 2011

Last Date to Submit Invoices for Reimbursement Request: Thursday, March 31, 2011

ALLOWABLE COSTS

Wisconsin Hospital Emergency Preparedness Program Leadership Group has established the guidelines for allowable costs for the Licensed Nursing Home Grants. In addition to the

guidelines established by WHEPP Leadership, all expenditures must comply with the Wisconsin Department of Health Services Allowable Cost Manual, as well as State and Federal guidelines. Projects and related expenditures must occur within the grant period, starting no sooner than the time of the award and ending prior to March 31, 2011. Projects must be completed and all documentation submitted prior by March 31, 2011 in order to receive reimbursement.

FUNDS MAY BE USED FOR THE FOLLOWING:

1. Preparedness Supply List

- Portable tents/shelters
- Portable water pumps & hoses
- Portable heating and/or cooling equipment
- HEPA air purification units
- Identification method for residents (laminated tags, wristbands)
- Personal Protection Equipment (PPE)
- Portable generator
- Head lamps - Emergency Personal Lighting
- Two way radios
- Resident Evacuation Equipment (e.g. Med Sleds/ Stryker Chairs)
- Weather Alert Radios
- Hand cranked emergency radios and flashlights

2. **Staff Time:** Salaries for staff time for attending and participating in preparedness education/training, exercises or in preparedness planning projects. (See Appendix C for more information on payment of staff time)

SUBMITTAL OF APPLICATION

The Nursing Home must submit an application to their respective WHEPP Region Project Coordinator prior to ***4:30 PM on Tuesday November 30, 2010.*** (See Appendix A for listing of WHEPP Region Project Coordinator)

The application must be signed by an authorized person from your facility. Original hard copies may be mailed to the WHEPP Region Project Coordinator, scanned copies may be submitted via email or copies may be sent by facsimile.

Applicants are encouraged to submit their application as soon as possible after receipt of this funding announcement. Regions will review and evaluate applications as they are received and provide award letters within 30 days.

Application Components:

1. Application Form

Complete this form providing facility and project contact information. This form must be signed by an authorized person from the nursing home facility.

2. **Project Narrative/ Budget Detail**

One or more projects may be proposed up to the full award amount. Provide a short project narrative for each proposed project. Applicants should describe the project in enough detail that it is clear to the reviewers what the applicant intends to do with the grant funding.

- For example, a project cost of \$865 for PPE might be calculated at 3 cases of large N95 respirators and 2 cases of small N95 respirators at \$173.00 per case.
- Another example might be a project cost of \$960 for staff time to work on a planning or exercise project, calculated as 3 employees at \$20/hour for 16 hours.

APPLICATION REVIEW AND AWARD CRITERIA

All applications submitted between the announcement date and prior to 4:30 PM on Tuesday, November 30, 2010, will be reviewed by the WHEPP Region Project Coordinator. Award letters will be sent upon approval.

REIMBURSEMENT PROCEDURE AND DEADLINE:

Upon project completion and *no later than 4:30 PM on Thursday, March 31, 2011*, submit the following documents to your WHEPP Region Project Coordinator:

- Signed Letter of Completion (see Appendix C for sample)
- Documentation of Expenditures
 - For purchases:
 - Copy of invoice(s) totaling the amount of all purchases charged to this award [Note: Purchase Orders, Order Conformations, Packing Slips are not acceptable]
 - For staff time:
 - Provide document listing name and title/position of staff member, indicating the average hourly wage for that person, date and time of the event for all wages being charged to the grant award (see Appendix B)
 - Supplies and Equipment must be received prior to submission for reimbursement. If there are back-orders or delayed orders, please contact your Regional Project Coordinator.

Awardees are encouraged to submit their request for reimbursement as quickly as possible after completion of the project in order to receive their reimbursement in the timeliest manner possible. Only reimbursement requests which are complete and received prior to 4:30 PM on March 31, 2011 will be processed. Requests received on March 31, 2011 without the proper required supporting documentation will be considered incomplete.

Reimbursement checks are usually sent within 45 – 60 days after receipt of request.

Please complete this application and return to your WHEPP Region Project Coordinator ***no later than 4:30 PM on Tuesday, November 30, 2010.*** Late applications will not be considered.
(Return this signed page to your WHEPP Region Project Coordinator.)

Applicant Contact Information:

Licensed Nursing Home Name: _____
Address: _____
City, State, Zip Code: _____
Contact Person: _____
Title: _____
Phone: _____ Email: _____

Please check all that apply to your application:

- Our facility requests funds for the following preparedness supplies:
- Portable tents/shelters
 - Portable water pumps & hoses
 - Portable heating and/or cooling equipment
 - HEPA air purification units
 - Identification method for residents (laminated tags, wristbands)
 - Personal Protection Equipment (PPE)
 - Portable generator
 - Head lamps - Emergency Personal Lighting
 - Two way radios
 - Resident Evacuation Equipment (e.g. Med Sleds/ Stryker Chairs)
 - Weather Alert Radios
 - Hand cranked emergency radios and flashlights

<input type="checkbox"/>	Our facility requests funds for the following: Staff time to attending and participating in preparedness education/training List specific: _____
<input type="checkbox"/>	Our facility requests funds for the following: Staff time to participate in exercises or in preparedness planning projects List specific: _____

APPENDIX A

Please send your application to the following Regional Project Coordinator based on the county in which your nursing home resides.

<p>Kenosha Milwaukee Racine</p> <p>Elizabeth Corneliuson 400 Woodland Prime N74 W12501 Leatherwood Ct. Menomonee Falls, WI 53051-4480 Phone: 414-777-0146 Fax: 414-777-7055 Cell: 262-853-3289 ecorneli@fmlh.edu</p>	<p>Brown Door Green Lake Kewaunee Manitowoc Marinette Oconto Shawano Sheboygan Washington</p> <p>Dave Seebart 610 S Broadway Street Green Bay, WI 54303 Phone: 920-448-6476 Fax: 920-448-6449 Cell: 920-465-0361 seebart_dr@co.brown.wi.us</p>
<p>Dane Grant Green Jefferson Lafayette Rock Walworth</p> <p>Lori Wallman 3922 Paunack Avenue Madison, WI 53711 Phone: 608-467-7222 Fax: 608-467-7221 Cell: 608-669-3510 lwallman@grantregional.com</p>	<p>Buffalo Crawford Jackson Juneau LaCrosse Monroe Ozaukee Pepin Pierce Richland Vernon Waukesha</p> <p>Bob Ritger 306 9th Avenue South Onalaska, WI 54650 Phone: 608-783-3735 Fax: 608-781-0761 Cell: 608-780-6789 onaritger@charter.net</p>

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<p>Adams Clark Columbia Iowa Florence Forest Iron Langlade Lincoln Marathon Oneida Portage Price Sauk Taylor Vilas Wood</p> <p>Jim Monarski 404 S. 3rd Ave Wausau, WI 54401 Phone: 715-843-2706 Fax: 715-843-2707 Cell: 715-574-8121 James.Monarski@ministryhealth.org</p>	<p>Ashland Barron Bayfield Burnett Chippewa Eau Claire Douglas Dunn Polk Rusk Sawyer St Croix Trempealeau Washburn</p> <p>Hilde Surbaugh Perala 13975 W. Peninsula Road Hayward, WI 54843 Phone: 715-790-6429 Fax: 715-634-0719 HildePerala@centurytel.net</p>
<p>Calumet Dodge Fond du Lac Outagamie Waupaca Waushara Winnebago</p> <p>Tracey Froiland N9152 S. Kernan Avenue Appleton, WI 54915 Phone: 920-738-9242 Fax: 920-720-7290 Cell: 920-427-2229 tracey.froiland@thedacare.org</p>	

APPENDIX B

Memorandum on Payment of Staff Time

Can Funding be used to cover staff time?

This funding may be used to pay for staff or a contractor to assist with the writing or implementation of preparedness plans. This funding may also be used to subsidize staff time for training or participation in exercises. According to federal grant guidelines, however, this funding cannot be used to back-fill for the staff that are involved in any of these activities.

Example #1: A staff person at Knapp Haven Nursing Home has been asked to devote 40 hours to the writing of preparedness plans. This person then keeps a log of the time spent on writing these plans.. She makes \$25/hour. The Nursing Home requests \$1,000 to help cover the cost of this time.

Documentation Required:

- 1) Log Sheet of time devoted to Preparedness Planning, which includes the date and total hours spent on the project
- 2) Internal Memo documenting the salary cost of the staff person.

Example #2: Four Winds Manor is using funding to support ICS training. The Instructor costs \$600. 2 people attended the 8- hour training class. The hospital uses \$25 as the average salary of those attending the training. The hospital requests reimbursement for \$1,000.

Documentation Required:

- 1) Invoice for the expenses of the Trainer
- 2) Log of persons who attended the training along with date, time and place
- 3) Internal Memo documenting the salary cost of the staff which attended the training session

APPENDIX C

Sample Letter of Completion

(Please print on facility letterhead and remove this header)

[Date]

[Coordinator Name], Project Coordinator
[Insert Address]
[City], WI *[Zip]*

RE: Letter of Completion

Dear *[Coordinator Name]*;

[Name of Facility] certifies that the Hospital Preparedness Nursing Home Grant project(s) have been completed.

All documentation supporting the completion of the approved project(s) is archived at the organization and is available for review, upon request by any federal or state auditor, verifying the use of funds from the ASPR FY 2010 Hospital Preparedness Program Cooperative Agreement. This documentation includes but is not limited to invoices, staff time documentation, and copy of the Letter of Completion.

[Name of Facility] hereby requests reimbursement for its actual costs of *[fill in total amount (actual costs or total funding award amount, whichever is less)]*. Copies of the required documentation for all expenditures, including invoices or receipts for all purchases and/or documentation of staff time/wage calculations are included with this letter.

Sincerely,

[Name of Authorized Signatory]
[Title]