

# **SFY 2015 CAPITAL IMPROVEMENT GRANT (CIG) PROGRAM**

**Request for Proposals (RFP)**

**Kansas Association for the Medically Underserved**

**Contact: Cayla Lewis**

**1129 S. Kansas Ave., Suite B**

**Topeka, KS 66612**

**(785) 233-8483**

**[clewis@kspca.org](mailto:clewis@kspca.org)**



## Table of Contents

PROGRAM AND APPLICATION OVERVIEW .....	3
<i>INTRODUCTION</i> .....	3
<i>GENERAL PURPOSE</i> .....	3
<i>GOALS AND OBJECTIVES</i> .....	4
<i>AMOUNT AND TIMELINE</i> .....	4
<i>AWARD PERIOD AND INFORMATION</i> .....	5
ELIGIBILITY REQUIREMENTS .....	6
<i>MATCH REQUIREMENT</i> .....	6
<i>REPORTING REQUIREMENTS</i> .....	7
<i>DISBURSEMENT OF GRANT FUNDS</i> .....	7
APPLICATION INSTRUCTIONS .....	8
<i>PREFERENCE POINTS</i> .....	8
<i>APPLICATION REQUIREMENTS</i> .....	8
<i>CIG APPLICATION COVER SHEET</i> .....	8
<i>EXECUTIVE SUMMARY</i> .....	8
<i>PROJECT NARRATIVE</i> .....	9
NEED (30 POINTS) .....	9
RESPONSE (25 POINTS).....	9
IMPACT (15 POINTS).....	10
RESOURCES/CAPABILITIES (15 POINTS).....	11
LINE-ITEM BUDGET AND BUDGET NARRATIVE (15 POINTS) .....	11

## PROGRAM AND APPLICATION OVERVIEW

### INTRODUCTION

The 2014 Kansas Legislature appropriated \$500,000 for a capital grant program for state-funded safety net clinics. State funding was allocated for the first time in 2008, specifically to enhance the infrastructure of the safety net. Due to the rapid growth in the number of patients served by clinics, the Legislature understood that this ongoing increase in patients could not be maintained without some investments in facilities, workforce and knowledge base.

The SFY 2015 Capital Improvement Grant (CIG) program will allow applicants to request up to \$50,000. The CIG program is a competitive funding opportunity. Based on the number of applications received and the level of funding requested, it is expected that not all applications will receive funding.

### GENERAL PURPOSE

The primary purpose of this grant program will be to achieve the Legislature's goals for this funding: To increase the capacity of the safety net so that more underserved Kansans have access to and receive quality healthcare services. Therefore, a successful project and grant request will clearly demonstrate how this funding will achieve that outcome.

CIG funds can be used for capital building renovations/expansions, new building construction, health information technology (HIT), and/or equipment. Strong applications will target CIG funds in a manner to best achieve the Legislative goals. This funding is not designed to support the entirety of major capital infrastructure development. Rather, this program is intended to augment other capital infrastructure development resources.

Building renovations and/or expansions include the “bricks and mortar,” materials and services to expand the capacity of an existing clinic site. The renovations and/or expansions should improve the capacity of the clinic and/or improve the quality of healthcare provided to patients. If a facility expansion or renovation is planned with a projected cost of \$20,000 or more, the applicant must either own the building or have a minimum of a three-year lease agreement (attach this document to the application).

New building construction includes the “bricks and mortar,” materials and services to establish a new clinic site. The new construction project must demonstrate an increase to access, improvement of capacity and/or quality healthcare for patients.

HIT includes the establishment and/or enhancement of a clinic’s electronic health/dental records and/or health information technology infrastructure. CIG funds financing HIT must meet or exceed a \$750 threshold per item. For the purpose of this grant, the following examples are considered an “item.”

- Computer desktop station (monitor, CPU, keyboard, mouse, and start-up software)

- Laptop
- Interface of two information technology programs (i.e., electronic medical records to exchange data with electronic laboratory results, dental practice management systems, health information exchange, etc.)

Equipment includes furniture or machinery that would enhance an existing or new clinic space. CIG funds financing equipment must meet or exceed a \$750 threshold per item. For the purpose of this grant, the following are examples which are considered an “item.”

- Exam tables
- X-ray machinery
- Large conference table
- Back-up generator
- Refrigerator for stock vaccines

## ***GOALS AND OBJECTIVES***

The primary goal of the CIG program is to strengthen the safety net infrastructure to allow meaningful growth in the number of underserved Kansans which receive healthcare services and/or to improve the quality of care. Specifically, the project will achieve at least one of the following objectives:

- Increase the physical capacity of existing safety net clinic sites to provide quality comprehensive healthcare services for a larger number of underserved people than is currently served;
- Increase the ability of safety net clinics to open satellite sites in communities with high need and little or no access to care;
- Improve the quality of care provided at safety net clinics.

## ***AMOUNT AND TIMELINE***

KAMU will conduct a technical assistance call to review the FY 2015 Capital Improvement Grant Program changes/updates, purpose, requirements, and to answer applicant questions. The technical assistance call is scheduled for

- Thursday, July 24, 2014, 12 p.m., Ph: 866-257-1749, Code: 8432316

A statement of intent to apply is required for grant applicants. Submission of intent to apply must be received by KAMU in writing (or posted marked) by 5 p.m., Thursday, July 31, 2014. Written submission may be emailed, faxed, or postage mailed to the attention of Cayla Lewis. The statement of intent to apply must include **(1)** the type of application to be submitted (Building Expansion/Renovation, New Building Construction, Health Information Technology, Equipment) and **(2)** the estimated amount of the grant funds requested.

- Email: [clewis@kspca.org](mailto:clewis@kspca.org)
- Fax: 785-233-8403
- Address: Kansas Association for the Medically Underserved  
1129 S.W. Kansas Ave., Ste B  
Topeka, KS 66612

A pre-review process will be offered to applicants to ensure all required forms are completed and submitted with the application. This review will not include a comprehensive review of an application. To submit an application for pre-review, the application must be received by Cayla Lewis by 5 p.m., Friday, August 15, 2014. Should an application fail the pre-review requirement review, Cayla Lewis will respond to the contact person (the person indicated on the Application Cover Sheet) with corrective instructions. Applications received after the pre-review deadline will not be reviewed and will be returned to the contact person.

The CIG application deadline will be 5 p.m., Friday, August 29, 2014. ***Incomplete applications will not be considered for the formal review.***

The formal CIG review will be conducted by an independent review committee. This committee will score the applications based on the points assigned to each section, as listed in this application guidance. The highest scoring applications will receive grant awards. The formal review is scheduled for Friday, September 19, 2014.

The announcement of CIG award recipients will be made by 5 p.m., Monday, September 22, 2014.

CIG grant funds must be expended by the end of the State Fiscal Year, June 30, 2015.

### ***AWARD PERIOD AND INFORMATION***

The award period for the SFY 2015 CIG program is September 1, 2014 through June 30, 2015. The Kansas Department of Health and Environment (KDHE) will make payment to KAMU for grant awards based on the awardees' Project Timeline (Attachment F). KAMU will then disperse the funding to the awardees, with the goal of payment being made within the quarter of the actual expense incurred. It will be the responsibility of the grantee to notify KAMU of any changes to the Project Timeline as soon as they are known.

## ELIGIBILITY REQUIREMENTS

Applicants must be an operational safety net clinic providing direct patient care services at the time of application. A safety net clinic is defined as “any clinic currently receiving KDHE Primary Care Grant program funding.”

### *MATCH REQUIREMENT*

**A local dollar to grant dollar match is required.** Local contributions, in-kind staff, cash or confirmed and documented loans/lines of credit may be used as match. Cash matching funds designated for this project may not be derived from state grants. Materials and equipment that have been purchased with state funds may not be used as matching local contributions.

Matching cash funds must be documented on the Certification of Cash Matching Funds (Attachment C) and must be submitted with supplemental documentation if applicable. The Certification of Cash Matching Funds must be completed, signed, and dated. Examples of supplemental documentation for matching cash funds may include the following:

- Letters of Planned Investment
- Statements of lines of credit or loans
- Statements of donated funds from the contributor

Local contributions are defined as “non-cash contributions made from outside individuals, organizations, companies or corporations” and may include materials or services. Examples of materials could include, but are not limited to, items such as flooring, doors/windows, paint, computers, or exam tables. Examples of services could include, but are not limited to, architectural services, construction services, or computer software/network consulting. Local contributions must be documented on the Certification of In-Kind Contributions (Attachment D). The Certification of In-Kind Contributions must be completed, signed, and dated. Examples of supplemental documentation for in-kind contributions may include the following:

- Receipt or purchase order for materials or equipment from the contributor
- Formal bid, estimate, or statement for services or contractor/vendor donated time from the contributor

In-kind staff contributions are confined to staff that are “project coordinators” of the capital project and the amount of time they devote specifically to the capital project. Costs of other staff (such as CFO, CEO, etc.) that are not the project coordinator are not allowable as a match requirement. In-kind staff contributions must be documented on the Certification of In-Kind Contributions (Attachment D). The Certification of In-Kind Contributions must be completed, signed, and dated.

All matching funds and contributions need to be documented on the Line-Item Budget (Attachment B) accordingly.

## ***REPORTING REQUIREMENTS***

Financial reports listing project expenses, a brief narrative report on project progress, and copies of all invoices paid by CIG grant funds, in whole or in part, will be due according to the following schedule:

- January 9, 2015 for the period September 1, 2014 – December 31, 2014;
- April 10, 2015 for the period January 1, 2015 – March 31, 2015;
- July 10, 2015 for the period April 1, 2015 – June 30, 2015.

## ***DISBURSEMENT OF GRANT FUNDS***

The award period for the FY 2015 CIG program is September 1, 2014 through June 30, 2015. The Kansas Department of Health and Environment (KDHE) will make payment to KAMU for grant awards based on the awardees' Project Timeline (Attachment E). KAMU will then disperse the funding to the awardees, with the goal of payment being made within the quarter of the actual expense incurred. It will be the responsibility of the grantee to notify KAMU of any changes to the Project Timeline as soon as they are known.

The Project Timeline (Attachment E) must include adequate detail so that the main project activities are clearly outlined and demonstrate that the project will have progressed far enough so that all CIG funds awarded are spent by June 30, 2015.

Project activities funded by the CIG grant must be listed on the Project Timeline (Attachment E). The **actual grant dollar amount** needed for project activities must be indicated in the quarter it is expected to be expended. KAMU will use the grantee timelines to request the drawdown of CIG funds from KDHE. (SFY 2015 update)

The CIG program dollars listed in the Project Timeline (Attachment E) must equal the "Grant Funds" column total of the Line-Item Budget (Attachment B).



## **APPLICATION INSTRUCTIONS**

### ***PREFERENCE POINTS***

Ten preference points will be given to safety net clinics that applied for CIG funds in the prior SFY but were not awarded. No preference points will be given to safety net clinics who were awarded CIG funds in the prior SFY. (SFY 2014 update)

### ***APPLICATION REQUIREMENTS***

A complete application must contain the following items:

- CIG Application Cover Sheet (*Required Form* – Attachment A)
- Executive Summary (one page only, 12 pt. Times New Roman font)
- Project Narrative (no more than ten pages, 12 pt. font)
- Line Item Budget Form (*Required Form* – Attachment B)
- Budget Narrative (one page only, 12 pt. Times New Roman font)
- Certification of Cash Matching Funds (Attachment C)
- Certification of In-Kind Contributions (Attachment D)
- Project Timeline (*Required Form* – Attachment E)
- Supplemental documentation for matching funds. Documentation examples can be found on page 5 of the CIG guidance.
- Supplemental materials related to the project narrative (i.e., floor plans, lease agreements or other items to help describe the project)

### ***CIG APPLICATION COVER SHEET***

The CIG Application Cover Sheet (Attachment A) must be completed, signed, and dated. It must be placed as the coversheet of the application.

### ***EXECUTIVE SUMMARY***

The Executive Summary is limited to one page, 12 pt. Times New Roman font, and must include the following information:

- A brief summary of the applicant organization and its history, including any key successes and/or expansion projects.
- A brief summary of the planned capital project, including the geographic area that will be impacted.
- The total project budget, matching funds that will be applied to the project, and requested grant amount.
- The number of unduplicated patients served in 2013, the number of new patients that will be served, and/or how the quality of care will be improved as a result of this project. For

applicants that report patient data to Quality Reporting System (QRS) or the federal Unified Data System (UDS) report, the number of patients stated in 2013 should match the number reported to QRS/UDS.

## ***PROJECT NARRATIVE***

The Project Narrative is limited to ten pages, 12 pt. Times New Roman font, and must respond to the following criteria:

### ***NEED (30 POINTS)***

1. Explain the most relevant reasons a capital project is needed. This should be supported by reference to the applicant's current strategic plan, and other supporting/planning data as available and applicable.
  - a. *If a facility renovation, new building or expansion*
    - i. Describe the current facility and explain why it is not currently adequate. This should include total square feet, number of exam rooms, staffing levels, and other information necessary to clearly demonstrate that the current structure is not adequate to expand current capacity.
  - b. *If a health information technology project*
    - i. Describe why this project is needed in order to increase capacity and/or improve the quality of healthcare.
2. Provide a description of the characteristics of the population that will be affected by this project. This should include both community-wide data and current patient data, and clearly describe a population in need for expanded, diversified and/or improved services. Data should include poverty level, insurance status, health disparities, and other relevant data.
3. Describe other local sources of healthcare for the targeted population and demonstrate how these sources of healthcare are not able to meet the level of need.
4. Explain why CIG funds are needed in order to complete the planned project.

### ***RESPONSE (25 POINTS)***

1. Describe the planned capital project and demonstrate how it is appropriate and responsive to the needs identified in the previous section. This description must address the following:
  - a. *If a facility expansion:*
    1. Provide the total number of square feet that will be added to the facility.
    2. Describe exactly the number, size, and type of rooms that will be added.

3. If a facility expansion is planned that includes additional exam rooms, describe recent recruitment successes and plans for recruiting additional providers needed to staff the expansion.
  4. Explain how this capital project is linked to the organization's strategic plan for growth/expansion, and the planning process that occurred resulting in this application.
- b. *If a facility renovation that will not include an expansion:*
1. Clearly describe how the renovation will result in increased capacity (e.g., improved patient flow, more easily accessible lab, etc.).
  2. Explain how this capital project is linked to the organization's strategic plan for growth/ expansion, and the planning process that occurred resulting in this application.
- c. *If a new building construction:*
1. Provide a detailed description of the planned facility when completed and how the new site will increase capacity or improve healthcare access.
  2. Provide and assure that the expenditure of all CIG funds will occur before the end of the SFY, **June 30, 2015**.
  3. Explain how this capital project is linked to the organization's strategic plan for growth/expansion, and the planning process that occurred resulting in this application.
- d. *If a health information technology project:*
1. Describe the advantages of the planned health information technology infrastructure as compared to the current infrastructure and how the technology will improve quality of care.
  2. Explain how this capital project is linked to the organization's strategic plan for growth/expansion and the planning process that occurred resulting in this application.

### *IMPACT (15 POINTS)*

1. Describe how the planned capital project will result in the Kansas Legislature's goal: To increase the capacity of the safety net so that more underserved Kansans have access to and receive quality healthcare services. This description should include the number of additional new patients that will be served and/or how quality of healthcare will be improved as a result of the planned project.
2. Provide specific details on how the grant funds will leverage other funds, including a description and the role of any community partners/companies. Matching cash funds, local contributions, and/or in-kind contributions must be documented in the Line-Item Budget (Attachment B) and accompanied by respective Certification of Cash Matching Funds (Attachment C) or Certification of In-Kind Contributions (Attachment D).

### *RESOURCES/CAPABILITIES (15 POINTS)*

1. Describe the organization's history and level of experience in serving the underserved population, including key management staff qualifications.
2. Describe the organization's experience with capital grant projects and/or similar expansions and enhancements.
3. Describe the qualifications of any contractors, vendors and/or volunteers already committed to the planned project.
4. If a facility renovation/expansion is planned, include both the current and proposed floor plans as attachments.
5. If a new building construction is planned, include the proposed floor plan as an attachment.

### *LINE-ITEM BUDGET AND BUDGET NARRATIVE (15 POINTS)*

The Line-Item Budget (Attachment B) must be used to document the project cost. The total cost of the planned project should be included so that a clear picture of the scope of work is provided. Any donated/contributed services and materials should be listed at a fair market value. All matching funds must be documented on either the Certification of Cash Matching Funds (Attachment C) or the Certification of In-Kind Contributions (Attachment D). Supplemental documentation must also be submitted for matching funds. See page 5 of the CIG guidance for examples.

Cash matching funds designated for this project may not be derived from state grants; and materials and equipment that have been procured with state funds may not be used as matching local contributions.

A budget narrative is limited to one page and is required to describe the necessary costs and details of the project.

#### ***Personnel***

Line-Item Budget –

Staff hired by the applicant, specifically for the duration of this project, may be financed through the CIG fund. The hired position title must be indicated in the Cost Category column as New Personnel. The position's sum of salary and fringe benefits for the project period must be entered on the respective row in the Grant Funds column.

Volunteers may contribute local support, specifically for the duration of this project, as an in-kind contribution. The volunteer position title must be indicated in the Cost Category column as New Personnel. The position's equivalent sum of salary and fringe benefits for the project must be entered on the respective row in the Matching Funds column.

Salaries and benefits of existing personnel dedicating their time to the project may be used as in-kind contribution only. The existing position title must be indicated in the Cost Category column as Existing Personnel. The position's sum of dedicated salary and fringe benefits for the project must be entered on the respective row in the Matching Funds column.

All in-kind contributions must be submitted on the Certification of In-Kind Contributions (Attachment D).

Budget Narrative –

The narrative of the Personnel budget must include the following for each position:

- The description of the employee's responsibilities;
- A list of fringe benefits that will be paid to the employee during the project period.

### ***Contractual***

Line-Item Budget –

Contractors (e.g., architects, builders, IT consultants, etc.) hired by the applicant may be financed through the CIG fund. The contractor's name must be entered in the Cost Category column as Contractual. The cost of the contractor's work is to be entered in the Grant Funds column on the respective row.

Contractors may also donate their time to the project as an in-kind contribution. The contractor's name must be entered in the Cost Category column as Contractual. The cost of the contractor's work that is contributed is to be entered in the Matching Funds column on the respective row.

All in-kind contributions must be submitted on the Certification of In-Kind Contributions (Attachment D).

Budget Narrative –

The narrative of the Contractual budget must include the following for each contractor

- An explanation of the need for outsourcing the work;
- A description of the contractor's qualifications;
- Documentation of a formal bid/estimate (if contractor's work is listed as grant funds or matching funds).

### ***Equipment***

Line-Item Budget –

Equipment purchased for the project may be financed through the CIG fund. Equipment must meet or exceed a \$750 threshold per item. Enter the type of equipment in the Cost Category column as Equipment. The cost of the equipment is to be entered in the Grant Funds column on the respective row.

Donated equipment may be used as an in-kind contribution. Donated equipment is to be listed in the Cost Category column as Equipment. The cost of the equipment must be entered in the Matching Funds column on the respective row.

All in-kind contributions must be submitted on the Certification of In-Kind Contributions (Attachment D).

Budget Narrative –

The narrative of the Equipment budget must include the following for each item listed:

- Full description of the equipment;
- Documentation of a formal bid/estimate (if equipment is listed as grant funds);
- Documentation of a formal receipt or purchase order (if equipment is for matching funds).

### ***Supplies***

Line-Item Budget –

Supplies may be funded through the CIG funds. Supplies must be listed in the Cost Category column as Supplies. The cost of the supplies must be entered in the Grant Funds column on the respective row.

Donated supplies may be used as an in-kind contribution. Enter the supplies in the Cost Category column as Supplies. Enter the cost of donated the supplies in the Matching Funds column on the respective row.

All in-kind contributions must be submitted on the Certification of In-Kind Contributions (Attachment D).

Budget Narrative –

The narrative of the Equipment budget must include the following for each item listed

- Full description of the supplies;
- Documentation of formal bid/estimate (if supplies is for grant funds);
- Documentation of a formal receipt or purchase order (if equipment is for matching funds).

### ***Miscellaneous***

Line-Item Budget –

Items that cannot be classified in the previous categories should be listed in the Cost Category column as Miscellaneous. The cost of each item must be documented in the Grant Funds column on the respective row.

Some items may be donated as an in-kind contribution. These items must be listed in the Cost Category column as Miscellaneous. The cost of each donated item must be documented in the Matching Funds column on the respective row.

All in-kind contributions must be submitted on the Certification of In-Kind Contributions (Attachment D).

Budget Narrative –

The narrative of the Equipment budget must include the following for each item listed

- Full description of the item;
- Documentation of formal bid/estimate (if supplies are for grant funds);
- Documentation of a formal receipt or purchase order (if supplies are for matching funds).