

**MISSISSIPPI OFFICE OF RURAL HEALTH AND PRIMARY CARE  
 COVID-19 MISSISSIPPI LOCAL PROVIDER INNOVATION GRANT PROGRAM  
 APPLICATION INSTRUCTIONS**

**EXECUTIVE SUMMARY**

The Mississippi Office of Rural Health and Primary Care (MORHPC) is accepting applications for the COVID-19 Mississippi Local Provider Innovation (MSLPI) Grant Program. This program was established for the purpose of strengthening and improving the health care system and increasing access to health care services to help communities achieve and maintain optimal health by providing transitional assistance to providers.

SENATE BILL NO. 2820	<a href="http://billstatus.ls.state.ms.us/documents/2022/pdf/SB/2800-2899/SB2820SG.pdf">http://billstatus.ls.state.ms.us/documents/2022/pdf/SB/2800-2899/SB2820SG.pdf</a>
Grant Program Title:	COVID-19 Mississippi Local Provider Innovation (MSLPI) Grant Program
Due Date for Round One Applications:	To apply for funding, applications must be received electronically on or before 5:00 pm, August 31, 2022
Estimated Number of Awards:	MORHPC will award grants to eligible applicants that submit an acceptable and fundable application.
Estimated Award Amount:	Up to \$250,000
Period of Performance:	July 1, 2022 - December 31, 2023 Applicants should refer to their sub-grant agreement for individual periods of performance for continuation projects. For new projects, the performance period is within one year of a fully executed sub-grant agreement or by December 31, 2023, whichever date occurs first.
Eligible Applicants:	Eligible applicants include local health care providers defined as a facility that is licensed, certified or otherwise authorized or permitted by law to provide health care in the ordinary course of business in the State of Mississippi, including, but not limited to, skilled nursing facilities, direct primary care clinics, provider owned clinics, rural health clinics, academic medical centers, community health centers and/or independent physician practices.  Grant applicants are limited to one (1) application per business entity as determined by the applicant’s attestation and their business filing status with the Secretary of State. Subsidiaries of the entity are not eligible to submit separate applications. Health systems that affiliate, own or control multiple clinics are only eligible to submit one (1) application under the parent entity.

## **Application Guide**

You (the applicant) are responsible for reading and complying with the instructions outlined in the application.

## **Technical Assistance**

Please contact [MSLPI.grant@msdh.ms.gov](mailto:MSLPI.grant@msdh.ms.gov) for any technical assistance needs.

## **APPLICATION AND SUBMISSION INFORMATION**

The application deadline for Round One is **August 31, 2022, by 5:00 pm**. MORHPC suggests submitting applications at least three (3) calendar days before the deadline to allow for any unforeseen circumstances. Acceptance of an applicant's grant application does not obligate MORHPC to award funding to the applicant. This funding opportunity will be distributed on a first-come, first-serve basis, so timely submissions are encouraged. However, please ensure that you complete your application in its entirety before submission. Failure to submit a complete application may result in processing delays and could impact an applicant's award amount.

**NOTE: Multiple applications from an organization are not allowable.**

MORHPC **requires** you to apply electronically. If you have any questions regarding the electronic submission process, please email [MSLPI.grant@msdh.ms.gov](mailto:MSLPI.grant@msdh.ms.gov).

You are ultimately responsible for reviewing the instructions and checklist for all information required for this application process. You must submit the information outlined in the Application Instructions below.

Please review the **Application Checklist** first to ensure you have all the necessary information and required documentation needed to complete the funding application before you begin. **All uploaded documents should be on official letterhead and in a PDF or Excel format.**

Grant applicants are limited to one (1) application per business entity as determined by the applicant's business filing status with the Secretary of State. Subsidiaries of the entity are not eligible to submit separate applications. Health systems that affiliate, own or control multiple clinics are only eligible to submit one (1) application under the parent entity. Applicants should follow the standard IRS determination process to determine eligibility. This information may be found at <https://www.irs.gov/>.

Funding requests for applications must not exceed \$250,000.

Applicants must use an easily readable typeface such as **Times New Roman** or **Arial** (not narrow). The font size should be no smaller than **11-point** with one-inch margins.

MORHPC anticipates that an application package may range between **5 to 10 pages**. This is a suggested range of page numbers; however, what is most important is that you provide the information requested in this application. If you are succinctly able to convey your request for funding in fewer than five (5) pages, you

may do so knowing that this gives the application neither a competitive advantage nor disadvantage. Similarly, you are not at a competitive advantage or disadvantage if you go over the suggested ten (10) pages so long as the information you provide is relevant to this funding opportunity. **If you have questions or concerns about the length of your application, please email [MSLPI.grant@msdh.ms.gov](mailto:MSLPI.grant@msdh.ms.gov).**

### APPLICATION COMPONENTS/CHECKLIST

**\*Please note: Applicants should be prepared to submit the entire grant application in one sitting as responses are NOT saved.**

You must include the following components in your submission to have a complete application package. You can use this list as a checklist to ensure you complete all of the mandatory forms:

FORM NAME:	INSTRUCTIONS:
MAGIC Number	The Mississippi Accountability System for Government Information and Collaboration. If you need access or additional information, please visit <a href="http://www.dfa.ms.gov/dfa-offices/mmrs">http://www.dfa.ms.gov/dfa-offices/mmrs</a>
Proof of Eligibility Letter of Good Standing	Attach Proof of Eligibility as <b>Attachment 1</b> . Attach a Letter of Good Standing from the Secretary of State as <b>Attachment 2</b> . To request an official letter, please visit <a href="https://www.sos.ms.gov/business-services/order-documents">https://www.sos.ms.gov/business-services/order-documents</a>
Project Summary	The purpose of the project summary is to provide a detailed, high-level summary of who you are and what you propose to do with the funding. Attach as <b>Attachment 3</b> .
Budget	Provide the line-item breakdown by category.
Budget Narrative	The budget narrative should include a statement of the amount of grant funding being requested and describe how each budget line item supports the achievement of the proposed activities you identified in the Project Summary as <b>Attachment 4</b> .
Advanced Payment Request (Optional)	Provide a detailed financial forecast estimating expenses that will be incurred during the project period and the total advanced payment amount as <b>Attachment 5</b> .

## MSLPI GRANT PROGRAM FUNDING APPLICATION INSTRUCTIONS

The Mississippi Office of Rural Health and Primary Care (MORHPC) has developed the following guidelines regarding the procedures and criteria for submitting applications for the COVID-19 Mississippi Local Provider Innovation (MSLPI) Grant Program. The guidelines have been designed to assist applicants with preparing the application for submission and explains all requirements.

***Applicants must complete and submit the proposal no later than August 31, 2022 by 5:00 pm.*** Applicants should thoroughly read the Application guidelines and follow all instructions.

**Attachment 1: Proof of Eligibility (REQUIRED)**

**Eligibility**

An eligible “Provider” or “Local Health Care Provider” is defined as a facility that is licensed, certified or otherwise authorized or permitted by law to provide health care in the ordinary course of business in the State of Mississippi, including, but not limited to, skilled nursing facilities, direct primary care clinics, provider owned clinics, rural health clinics, academic medical centers, community health centers and/or independent physician practices.

Attach a file created in Microsoft Excel or similar spreadsheet software. The file should be in .xls or .xlsx format, and include your UEI number in the file name, e.g., “[Your UEI]\_MSLPI\_Proof\_of\_Eligibility.xlsx”. The file must include the following information in a table format using the column headings shown in the example table below. Use one row for each Provider included in your application.

For each Provider included in the application please include the following information:

- Provider Name
- Type of Provider (e.g., skilled nursing facility, rural health clinic, provider owned clinic, etc.)
- Provider License Number
- Provider Email
- Provider Phone Number
- Provider Street Address
- Provider City
- Provider ZIP Code
- Name of county where the Provider is physically located

Provider Name	Type of Provider	Provider License Number	Provider Email	Provider Phone number	Provider Street Address	Provider City	Provider ZIP Code	Provider County Name

Attachment 2: Letter of Good Standing (REQUIRED)

A Letter of Good Standing refers to a certificate issued by the Mississippi Secretary of State Office verifying that a registered business entity has complied with all requirements for conducting business in the State of Mississippi.

Attachment 3: Project Summary (REQUIRED)

To be eligible, Providers must include the following information in their Project Summary:

1. Applicant Name: The name of the provider submitting this application
2. Descriptive Project Title
3. Facility Website (if applicable)
4. Project Summary (a bulleted list is acceptable):
  - i. Name or Names of providers included in this application;
  - ii. A description of the location(s) for which the grant monies will be expended, including the name and location(s) of where the Provider administers health care services;
  - iii. A statement of the amount of grant monies requested;
  - iv. A description of the needs of the Provider, the transitional assistance for which the grant monies will be expended and how such transitional assistance will meet the stated needs;
  - v. Evidence that the Provider has played an active role in the community to combat the spread of COVID-19, including, but not limited to, testing, vaccination, and antibody treatment;
  - vi. A description of the Provider's planned activities; and
  - vii. A description of the Provider's project goal(s).

The Provider's planned activities (vi) and project goals (vii) should be outlined in the format listed below. There is no set limit to the number of objectives or activities for this section. You may also choose to include a Statement of Purpose, Background, Program Goals, Key Personnel, Project Oversight, and Expected Outcomes.

Objective 1:

Activity/Task 1:

Activity/Task 2:

Activity/Task 3:

Deliverables/Timeline:

Objective 2:

Activity/Task 1:

Activity/Task 2:  
Activity/Task 3:  
Deliverables/Timeline:

Objective 3:  
Activity/Task 1:  
Activity/Task 2:  
Activity/Task 3:  
Deliverables/Timeline:

**Eligible Grant Activities**

Eligible activities for the MSLPI Grant Program include, but are not limited to the following:

1. Conducting a market study of health care services needed and provided in the community.
2. Acquiring and implementing new technological tools and infrastructure, including, but not limited to, telemedicine delivery methods, development of health information exchange platforms to electronically share medical records, electronic health record optimization, purchasing connected devices, upgrading digital devices, improving broadband connectivity, public health reporting, and implementing online or mobile patient appointment management applications.
3. Supporting the implementation of population health management.
4. May include continuation of on-going innovation projects that were implemented any time after the beginning of the COVID-19 pandemic in Mississippi (March 12, 2020).

**NOTE:** Funds received through the MSLPI Grant Program cannot be used to pay employee premium payments.

**Attachment 4: Budget Sheet and Budget Narrative (REQUIRED)**

In addition to the information provided in the Project Summary, you will need to submit a Budget Sheet and Budget Narrative. The information provided should include the following:

1. A clear description of how you will use the funding. The funding request should align with the needs and activities you identified in the Project Summary portion of your application. Required budget categories (as applicable) include:
  - a. Personnel
  - b. Fringe Benefits
  - c. Travel
  - d. Equipment (Note: You should classify items with a unit cost of \$5,000 or more and a useful life of 1 or more years as Equipment.)
  - e. Supplies (Note: You should classify items with a unit cost of less than \$5,000 per item as Supplies.)
  - f. Contractual
  - g. Other Direct Charges

h. Indirect Charges

Please see below for a template of the budget sheet.

**Budget Sheet Template**

<i>BUDGET LINE ITEMS</i>	<i>MSLPI FUNDS REQUESTED</i>
<b>Personnel</b>	
<b>Fringe Benefits</b>	
<b>Travel</b>	
<b>Equipment</b>	
<b>Supplies</b>	
<b>Contractual</b>	
<b>Indirect Costs</b>	
<b>Total Project Budget</b>	

Please see below for an example of how you may present your budget narrative.

**Sample Budget Narrative**

This is an example of how you can put together a Budget Narrative. You do not need to copy this exactly, but you should include all of the budget categories.

We are requesting \$54,500 to address COVID-19 related health disparities and advance health equity by engaging with our patients and larger rural community to improve vaccine confidence and counter vaccine hesitancy.

**Total Request: \$54,500**

As our needs are immediate, we anticipate utilizing our entire budget in 1 year. This budget narrative reflects 1 full planned year of funding at the full award amount of \$54,500.

**Personnel total: \$10,500**

We will have one staff member managing this award at 0.35 FTE. This staff member will be responsible for the overall management of the award and ensuring that we complete our activities in a timely manner.

**Fringe Benefits total: \$4,504**

Our fringe benefits includes health and life insurance and is calculated at 42.9% of salary costs.

**Travel total: \$0**

We are not requesting funds for travel.

**Equipment total: \$17,384**

We are requesting \$17,384 to purchase a tent that can be set up as a mobile vaccination site to increase accessibility for our patients. We will complete this purchase by October 15, 2021. We estimate the useful life of this outdoor tent will be 3 years.

**Supplies total: \$7,612**

We will purchase personal protective equipment (PPE) for our providers including masks and gloves.

Masks: \$5,000 (2,500 masks @ \$2/each)

Gloves: \$2,612 (2,612 gloves @ \$1/each)

**Contractual total: \$5,000**

We will contract with a company that provides childcare to patients during vaccination. The contract will cover two caregivers at a rate of \$15 per hour. We will contract with a company that provides transportation for patients to and from the RHC for vaccination appointments. The contract will cover two drivers at a rate of \$15 per hour.

**Other Direct Charges total: \$4,500**

These costs will cover printing of educational materials and signage for vaccine confidence. It will also cover administrative charges related to the personnel assigned to manage this grant program, including telephone and internet service charges.

**Indirect Charges total: \$5,000**

We are requesting the ten percent de minimis indirect cost rate.

*Attachment 5: Working Capital Advance Request (OPTIONAL)*

A working capital advance payment is defined as any funding requested by the provider before the Mississippi State Department of Health disburses funding for program purposes. Recipients of the MSLPI Grant **may** be eligible to receive a one-month advancement of allowable expenditures expected to incur within the first thirty (30) days of the grant project period. The payment must be linked to a cost element and proposed activity outlined in the budget justification narrative. MSDH **may** pay an advance not to exceed 25% of the total award amount. Payments made in advance must be reconciled before the closeout of the grant. The payment approval amount is determined at the discretion of MSDH.

The working capital payment advance request should include:

1. A justification of the applicant's need for a working capital advance.
2. The proposed total amount of the advanced payment.
3. The total amount of grant monies requested.
4. A financial forecast estimating expenses that will be incurred during the project period.

**AWARD ALLOCATIONS AND SUB-GRANT AGREEMENTS**

MSLPI Grant Program award allocations will be determined based on evaluation criteria and activities undertaken.

If eligible and depending on fund availability, a binding sub-grant agreement will be executed between the Department and the applicant for the approved award amount and for the approved project(s) proposed by the applicant.



## **Reimbursement**

The cost reimbursement payment method will be utilized to allow grantees to receive funds from the MSLPI Grant Program on a monthly basis. Grantees must adhere to the following procedure when requesting monthly reimbursements:

1. Requests for reimbursement cannot be processed prior to receipt of the grantee's signed sub-grant agreement. Reimbursement is only available for the current contract period.
2. Funds received through the MSLPI Grant Program cannot be used to pay employee premium payments. "Employee Premium Pay" is defined as additional pay authorized for overtime, night pay differential, holiday worked, Sunday work, standby duty, administratively uncontrollable overtime work or availability duty."
3. A cover letter requesting reimbursement and signed by the Provider must be submitted to initiate a reimbursement request. The cover letter must be on the grantee's letterhead and must indicate the amount of the reimbursement request. Grantees must submit supportive documentation when requesting reimbursement.
4. Requests for reimbursement should not exceed budget limits.
5. Incomplete and/or incorrect reimbursement requests submitted by grantees will not be approved until all deficiencies are corrected and/or all required documentation is submitted to the Department. Department staff will notify the grant recipient of any deficiencies and the requirements for correction.

## **Working Capital Advanced Payment Request**

Providers approved for a working capital advance must submit the following documents within thirty (30) days after receipt of the initial payment:

- A copy of the approved working capital advanced payment request
- Supportive documentation including:
  - Proof of successful completion of the proposed activity(-ies);
  - The costs associated with each activity;
  - Copies of billing statements or invoices;
  - Copies of notices that verify scheduled consultation(s) including start and/or completion dates; and/or
  - Any other documentation necessary to support the project and associated costs.

Should the reimbursement request exceed the approved advanced payment amount, providers may submit a new payment request for the difference. Reimbursement requests should not exceed the approved award amount.

Should the actual total amount of expenditures be less than the amount of funding provided by MSDH, the applicant must agree to return the difference to MSDH by January 1, 2023.

## **APPLICATION COMPLETENESS CHECKLIST:**

- Have I thoroughly read the Application Instructions?
- Am I a local provider and therefore eligible to apply for this funding opportunity?
- Does my proposed project strengthen and improve the health care system and increase access to health care services to help communities achieve and maintain optimal health by providing transitional assistance to providers?
- Have I completed all forms and attachments as requested in the Application Instructions?
- Will I apply at least three (3) calendar days before the deadline to accommodate any unforeseen circumstances?