Montgomery County CARES Grant Application

This assistance is for healthcare organizations that have been impacted by COVID-19. This can include loss of revenue or additional expenses. Each applicant must complete all the required fields and upload all required documents. All uploaded attachments need to be in either PDF, JPG or PNG format. Incomplete applications will not be accepted.

Applications are due by December 30, 2020. Please see the guidance document at https://mcobiz.com/cares-grants/cares-grant-application-health-care/ or http://gdaha.org/montgomery-count…healthcare-grant/.

* Required

1.   Organization Name *

_____

2.   Contact Person's Full Name *

_____

3.   Contact Person's Email Address *

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4.   Contact Person's Phone Number

_____

5.   Organization's Street Address *

    _____

6.   Address Line 2

    _____

7.   City *

    _____

8.   State *

    _____

9.   Zip Code *

    _____

10.   Type of Healthcare Organization *

        Mark only one oval.

        ◯ Non-Profit Hospital

        ◯ Private, For-Profit Hospital

        ◯ Nursing Homes, Skilled Nursing or Assisted Living Facility

        ◯ Medical and/or Surgery Center

        ◯ Health Clinics & Urgent Care Centers

        ◯ Physican Group or Independent Physician Practice

        ◯ Other: _____

11.   Federal Tax ID Number *

        _____

12.   Medicare Or Medicaid Provider Number (Please indicate which one listed) *

        _____

13. Is your facility's application part of a corporate structure or group practice. *

Mark only one oval.

◯ Yes

◯ No

◯ Other: _____

14. If yes, please list the corporate entity or group practice name.

_____

COVID-19 Impact

15. Please provide a brief description of your organization and services in Montgomery County. *

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16. Please summarize your organization's current situation and how the COVID-19 crisis has impacted your healthcare organization's ability to provide care to Montgomery County residents (e.g. impact to revenue, laying off employees, closure, etc.) *

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17. Has your non-profit received funding, including grants and loans of any kind, from other sources (e.g. SBA loans, the Paycheck Protection Program, etc.) since March 1, 2020, relating to financial hardship resulting from COVID-19? *

Mark only one oval.

⬭ Yes

⬭ No

18. If you answered "yes" to the above question, please list all other funding sources applied to, the corresponding amounts, and the status of those applications.

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Disclosures

19. Is your organization delinquent on any federal, state, or local taxes or assessments, direct or guaranteed loans, leases, contracts, grants, or any other obligations? * *

    Mark only one oval.

    ( ) Yes

    ( ) No

20. If you answered "yes" to the above question, please explain.

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21. Does the organization have any outstanding judgments, tax liens, pending bankruptcy proceedings, pending lawsuits, or criminal proceedings? *

Mark only one oval.

◯ Yes

◯ No

22. If you answered "yes" to the above question, please explain.

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23. Does any employee and/or board member work for or serve in an official capacity for Montgomery County or any other entity associated with the Office of CARES Act? *

Mark only one oval.

◯ Yes

◯ No

24.   If you answered "yes" to the above question, please explain.

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Allowable Expenses

Expenses allowable under this fund include: operations, including mortgage, rent & utilities; infrastructure changes; general equipment investments; staffing & employment expenses; technology & data investments; PPE & ongoing procurement needs; testing supplies, equipment & vaccination preparations; uncompensated care costs; and overall public health expenses. For more information, refer to the grant guidance at http://gdaha.org/montgomery-county-cares-healthcare-grant/

Allowable Expenses

Healthcare organizations experienced a variety of challenges to manage providing patient care during COVID-19. Allowable expenses are outlined below:

- Operations, including mortgage, rent & utilities
  - Ex. Did your organization forego any rent from an external party due to closure of your facility related to COVID-19? Did you expend rent on space that you closed due to COVID-19 safety requirements?
- Infrastructure changes or improvements to prepare for COVID-19 patient care
  - Ex. Did your organization increase facility costs due to COVID-19 safety measures, such as construction of negative pressure rooms, ingress & egress screening stations, or additional cleaning equipment/supplies and staff?
- General equipment investments related to capacity preparations or changes for COVID-19
  - Ex. Did your organization purchase equipment needed to support additional patient care or changes to care delivery due to COVID-19?
- Staffing & employment expenses to safely manage new federal, state, and regional COVID-19 requirements & patient care
  - Ex. Did your organization enhance any benefits, such as time off for quarantine, allowances for day care for your employees, the waiver of health premiums, etc.?
- Technology & data investments to institute telehealth and comply with federal, state and regional reporting requirements
  - Ex. Did your organization incur remote work costs, such as additional computers, printers, internet costs, etc. to facilitate remote work arrangements?
- PPE investments & ongoing procurement needs to support clinicians, staff, and patients in healthcare facilities
  - Ex. Did your organization purchase PPE above and beyond what your facility would normally require each year to safely provide patient care?
- COVID-19 testing supplies, equipment, and vaccination preparations, as well as immunization costs
  - Ex. Did your organization enhance or develop additional testing, vaccination, or immunization programming to increase capacity in Montgomery County?
- COVID-19 uncompensated care costs
  - Ex. Did your organization have to absorb the cost of unpaid accounts due to individuals who no longer had employment or insurance?
- Other expenses that benefit overall public health, such as signage & facility safety measures.

25. Brief description of your allowable expenses *

26. Total amount requested from this grant for all allowable expenses *

27. Amount requested for expenses related to Operations, including mortgage, rent & utilities

28. Operations: Please upload either invoice, a bill, or a receipt to verify the above expenses.

Please name your files in the format { Facility Name Vendor Operations # }" an example would look like: Acme Hospital Medline Operations 1.

Files submitted:

29. Amount requested for expenses related to Infrastructure changes or improvements to prepare for COVID-19 patient care

30.   Infrastructure: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Infrastructure # }" an example would look like: Acme Hospital Medline Infrastructure 1.

Files submitted:

31.   Amount requested for expenses related to General Equipment investments related to capacity preparations or changes for COVID-19

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32.   General Equipment: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor General # }" an example would look like: Acme Hospital Medline General 4.

Files submitted:

33.   Amount requested for expenses related to Staffing & employment expenses to safely manage new federal, state, and regionalCOVID-19 requirements & patient care

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34.   Staffing & Employment: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Staffing # }" an example would look like: Acme Hospital Medline Staffing 1.

Files submitted:

35.   Amount requested for expenses related to Technology & Data investments to institute telehealth and comply with federal, state and regional reporting requirements

_____

36.   Technology & Data: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Technology # }" an example would look like: Acme Hospital Medline Technology 3.

Files submitted:

37.   Amount requested for expenses related to PPE investments & ongoing procurement needs to support clinicians, staff, and patients in healthcare facilities

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38.   PPE: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor PPE # }" an example would look like: Acme Hospital Medline PPE 4.

Files submitted:

39.   Amount requested for expenses related to COVID-19 testing supplies, equipment, and vaccination preparations, as well as immunization costs

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40.   COVID-19 Testing: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Testing # }" an example would look like: Acme Hospital Medline Testing 1.

Files submitted:

41.   Amount requested for expenses related to COVID-19 uncompensated care costs

42.   COVID-19 Uncompensated Care Costs: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Uncompensated # }" an example would look like: Acme Hospital Medline Uncompensated 3.

Files submitted:

43.   Amount requested for expenses related to other expenses that benefit overall public health, such as signage & facility safety measures.

44.   Other Allowable Expenses: Please upload either invoice, a bill, or a receipt to verify the expenses.

Please name your files in the format { Facility Name Vendor Other # }" an example would look like: Acme Hospital Medline Other 1.

Files submitted:

Supporting Documents

The following documents must all be submitted to qualify for this grant.

45.   Copy of your current Ohio Secretary of State certificate of good standing https://cogs.ohiosos.gov/ *

       Files submitted:

46.   Copy of 2019 Organization Tax Return *

       Files submitted:

47.   Copy of 2018 Organization Tax Return *

       Files submitted:

48.   Copy of appropriate and valid Ohio Licenses and/or Certifications for Operations as Medical Provider *

       Files submitted:

49.   Listing of Current Board Members *

       Files submitted:

50.   Completed and signed W-9 *

       Files submitted:

51.   Copy of Form 1096 Annual Summary and Transmittal of U.S. Information Returns (If Applicable)

       Files submitted:

52.   Proof of Actual Operating expenditures between January thru May 31, 2020 *

       Files submitted:

53.   Projected budget expenditures for operations from June 1, 2020, thru December 30, 2020 *

       Files submitted:

   Disclaimer and Certification

54.   Application for the Montgomery County CARES Act Grant DOES NOT GUARANTEE funding. The total amount
       awarded will be based on funds available. It is the sole responsibility of the applicant to seek independent advice
       to determine the tax implications to the applicant and its owners. Please confirm your understanding of this
       disclaimer by checking the box *

       Mark only one oval.

       ◯ I Understand.

55.   By typing your full name in the space below, you are certifying that all information provided in this application is
       true and accurate. You are also agreeing to assist in the verification of information provided in this application
       and to provide additional information if requested. *

       _____

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