

RFA 34305-22420 CMP Reinvestment
Program Application Checklist

Applicants Name: _____

Page(s) #:	Required Element:	PASS	FAIL
_____	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243	_____	_____
_____	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.	_____	_____
_____	CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee. Please sign anywhere on the application.	_____	_____
_____	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.	_____	_____
_____	Submitted the completed Excel budget spreadsheet and budget details page (Attachment 3) for the project, along with a narrative explanation of the costs.	_____	_____
_____	Job descriptions for key personnel are included (one page limit).	_____	_____
_____	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).	_____	_____
_____	Project organizational chart is included and significant collaborators are identified.	_____	_____
_____	Project Title information is included per CMS application.	_____	_____
_____	Required Abstract information is included per CMS application.	_____	_____
_____	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.	_____	_____
_____	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.	_____	_____
_____	Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it.	_____	_____
_____	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.	_____	_____
_____	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (specific nursing homes, hospitals, local community agencies, etc.). If no other organizations or subcontractors receive funds, please include a note.	_____	_____

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Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant or are serving as partners are included per Request for Application.

General Assurances form is included and signed per Request for Application.

Primary Evaluator Signature and Date:

