



County Nursing Home Infrastructure Program Application

Contact Information

Please note, all fields are required, unless noted as optional.

County Name:

County Mailing Address:

City:

County:

State: *New Hampshire*

Zip Code:

NH Secretary of

State Business ID

(if none enter N/A):

EIN/SSN:

NH Vendor ID:

County and Facility Website:

Facility Name:

Facility Address:

Please provide the below mailing address information only if different than the previously provided address.

Facility Mailing Address:

Facility Mailing City:

Facility Mailing State:

Facility Mailing Zip:

Facility license number provided by the State of New Hampshire;
If none, enter N/A:

Please indicate whether you are the County Administrator, Nursing Home Administrator/Director,
or filing on behalf of one:

Applicant First
Name:
Applicant Last
Name:
Applicant Title:
Applicant Email:
Applicant Phone

NOTE: Provide both the facility taxpayer identification and the entity/County taxpayer identification, if distinct. You must submit separate applications for each facility in the County, if the County is submitting requests for funding on projects for more than one facility.

If you have any questions about completing this application, please email info@GOFERR.nh.gov.

Please read each question carefully, as incomplete or incorrect responses may result in disqualification from this grant program or delay in application review.

If additional space is needed in response to questions/prompts within this application, please provide a separate document with more complete answers, and indicate in this application and the supporting document which questions/prompts are being addressed.

Finally, any and all facility improvements for which funding is received in this program must also comply with all applicable federal and state regulatory requirements and any applicable accreditation standards.

Entity Information

NOTE: You must submit separate applications for each facility in the County, if the County is submitting requests for funding on projects for more than one facility. Do not combine costs, expenses, or information concerning projects or improvements at different facilities.

1. Please confirm the type of facility:

County-owned nursing home facility

2. Please provide the facility license number provided by the State of New Hampshire. If none, enter N/A:

3. Is the facility operated by any entity other than the County?

Yes **No**

4. If you answered “yes” to Question #3, please provide additional information, such as the entity name, address, contact information, etc.

5. Please provide the established program capacity for the facility (i.e.: # of licensed beds):

6. Has the County and/or facility received any other grants or funding from any other state, federal, county, or municipal program designed to reimburse for the same or similar expenses?

Yes **No**

7. If the answer to the previous question (Question #6) is “Yes,” please indicate which state, federal, county, or municipal programs provided funding, the amount received under each program, and the date it was received. If the answer is “No,” please enter “N/A:”

Program Information

NOTE: You must submit separate applications for each facility in the County, if the County is submitting requests for funding on projects for more than one facility. Do not combine costs, expenses, or information concerning projects or improvements at different facilities.

8. Please provide an explanation of the project that is planned to improve the entity/County's facility, and please indicate whether this project will involve construction of a new facility.

NOTE: Funding for the construction of a new facility requires additional documentation of justification. Please see program FAQ #10 for additional information.

9. Please indicate whether this application is for a project that is already completed, ongoing, or new (indicate all that apply):

Already Complete
Ongoing
New

10. Please indicate whether the facility improvements allow the entity/County to (indicate all that apply):

Meet indoor air quality standards

Meet its program delivery needs under social distancing guidelines or standards while maintaining the approved program capacity; or

Help improve treatment, address staffing challenges, or ensure the health and safety of program participants while maintaining the approved program capacity.

Other

11. Please explain below how the proposed facility improvement(s) will achieve the standards, guidelines, or challenges identified in Question #10. *If “other” was selected, please also identify what issue this project would help address.*

12. For improvements related to this facility, what is the specific harm or need that will be addressed? *Please provide a description below of the specific harm or need to be addressed and if applicable, why the harm was exacerbated or caused by the COVID-19 pandemic. To the extent possible, provide data on the extent and the type of harm, such as the number of individuals or entities affected.*

13. For improvements related to this facility, please explain why the expenditure(s) is/are appropriate. For example, explain why existing facilities and associated equipment or systems are inadequate. *Please provide additional information below.*

14. Please provide any relevant additional information or explanation below on how the planned facility improvement(s) will promote the prevention of COVID-19 or mitigate its spread.

15. Has the facility or County been notified of any violations or findings by the Local, State, or Federal Government relative to the facility’s licensure and/or the current conditions at the facility?

Yes No

16. If the answer to Question #15 is “yes,” please provide additional information below.

17. What is the total cost of the project relative to this facility, regardless of whether that entire cost is being requested for reimbursement as part of this application?

NOTE: If the capital project will cost \$1,000,000 or more, you must provide additional documentation in support of your application. Please see program FAQ #10 for additional information.

18. What is the **actual cost** incurred between March 3, 2021, and the date of this application related to the facility improvement that is being requested for reimbursement as part of this application, if applicable? State the total dollar amount that the entity has expended on this facility improvement between March 3, 2021, and the date of this application.

19. What is the **estimated future cost** of this facility improvement that is being requested for reimbursement as part of this application, if applicable? State the total dollar amount that the entity estimates will be paid on this facility improvement expenditure between the date of this application and December 31, 2023.

20. If, due to the number of applicants and funding constraints in this program, your application can only be awarded at less than a 40 percent match, would the project(s)/improvement(s) identified in the application still be able to proceed with construction or development?

Yes No

21. If your answer to Question #20 is “No,” please explain below.

22. What additional funding sources, if any, are being provided/utilized to cover costs relative to this project, and in what amount(s)? *Please provide additional information below. Indicate “none” or “N/A” if appropriate.*

23. What additional step(s) will need to be taken by the entity/County to receive any funds provided by an award in this program, and are there additional steps the entity/County will need to take to move forward with the project? For example, will the County Commissioners need to convene a special meeting to accept the funds? *Please provide additional information below.*

24. Does the entity/County abide by or utilize specific labor laws or standards on projects such as this? For example, project labor agreements, community benefits agreements, prevailing wage requirements, requirements concerning local hiring, or standards set by the Davis-Bacon Act. *Please provide additional information below.*

25. Would this project enable the provision of geriatric psychiatric beds?

Yes

No

26. Does this facility already provide geriatric psychiatric beds, and if so, would this project increase that specialized capacity?

Yes

No

27. If this facility does not provide geriatric psychiatric beds, could it, and what level of investment would be needed to do so? *Please provide additional information below.*

Documentation

DOCUMENTATION REQUIRED: You are required to submit documentation supporting claimed expenses/costs as part of this application, including any estimated costs, as well as documentation concerning any applicable ARPA SFRF justification analysis. Please see the program FAQs for additional information.

In addition to providing the above information, please also provide GOFERR with copies of the following documents via email, where applicable:

- *Document of State Licensure*
- *Documentation Supporting the Amount Claimed for Project Costs (Incurred and Estimated)*
- *Justification Analysis Required for Projects Over \$1 million*
- *Justification Analysis Required for Projects Involving New Facilities*
- *Separate Questions/Prompt Response Supporting Document*

Agreement and Certification

Record Retention:

If an award is made as a result of this Application, the Applicant/Awardee is required to retain all records pertaining to matters covered by this Application and any resulting award, including, but not limited to, all project expense records for 5 years from the date of the grant award. Any award resulting from this Application may be subject to Governor's Office for Emergency Relief and Recovery (GOFERR) (hereinafter "State") or federal audit requirements. For the period from the date of the grant award, and for five (5) years thereafter, at any time during the normal business hours of the Applicant/Awardee, and as often as the State, or federal auditors, shall demand, the Applicant/Awardee shall make available to the State or federal auditors all records pertaining to matters covered by this Application and any resulting award. The Applicant/Awardee shall permit the State, or federal auditors, to audit, examine, and reproduce such records, and to make audits of all records, including, but not limited to, all income received, contracts, invoices, materials, payrolls, records of personnel, patient census and other information pertaining to all matters covered by this Application and any resulting award.

Binding Contract:

The Applicant/Awardee understands, agrees and accepts that, while there is no legal obligation for the State to make an award to Applicant/Awardee based on this Application, this Application will be used to determine the eligibility of the Applicant/Awardee for an award. The Applicant/Awardee understands and agrees that either an executed direct beneficiary award for already incurred expenses, a sub-award for projects that are not yet complete, or an award via a forgivable loan will be required if an award in any amount is made. As such, any and all facility improvements for which funding is received in this program must also comply with all applicable federal and state regulatory requirements and any applicable accreditation standards.

Public Disclosure Notification:

The business/entity names and addresses of all Applicants, and the amount of every award made to all Applicants/Awardees, will be public information, subject to disclosure, and may be posted on the GOFERR website. GOFERR will assert that any information obtained through this program other than business names and addresses, and award amounts, is confidential financial information that is exempt from disclosure under RSA 91-A:5, IV, unless ordered to disclose such information by a court of competent jurisdiction.

Certification:

The Applicant/Awardee hereby certifies that all information provided in this Application is complete, accurate, and up to date as of the date specified below. The Applicant/Awardee further certifies that there are no misrepresentations of information provided. The Applicant/Awardee understands that it must immediately notify GOFERR in regard to any changes, corrections, or updates to the information provided.

Agreement to Electronic Signature:

By submitting this Application and checking the box for acceptance, the Applicant/Awardee understands, agrees and accepts use of its electronic signature by email as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

The Applicant/Awardee understands, agrees and accepts that by submitting this Application, it is certifying that the person named in the signature block has authority to bind the business entity/County, that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity/County, and that this certification applies to any and all documentation provided as part of the program application, which may include as noted above documentation and informative relative to other facilities under ownership by the County.

Check this box for acceptance

Applicant Signature

Date

Applicant Name and Title