

**Point of Care
Model
Electronic Health Record
Grants Program Application
Format and Instructions
FY 2008-2009**

A. Title Page and Certification

[Instructions: Include the title of the project and certification. The application certification statement must be signed by an authorized representative of the applicant organization or agency for the application to be considered for an award.]

Project Title _____

I certify that the information in this application is true and correct to the best of my knowledge, and that I am the duly authorized representative of the applicant.

Name (print) _____

Signature/Date _____

Title _____

Organization _____

Telephone _____

B. Table of Contents

[Instructions: Indicate the page numbers of the section items in the completed document. All sections are required; appendices are required as noted below.]

Note: The page limit for the application is 30 pages in total excluding the appendices. See the program requirements for section specific page limits.]

Section	Category	Page
A	Title Page and Certification	
B	Table of Contents	
C	Applicant Information	
D	Project Summary	
E	Budget Summary	
F	Budget Narrative/Justification	
G	Biographical Sketches	
H	Organizational Description	
I	Project Narrative	
J	Business Plan	
K	Technical Narrative	
Appendices	Letters of Support	
	Subcontractor Agreements	
	Consultant Agreements	
	Health Information Exchange (HIE) Agreements	
	Privacy and Security Policies [Required]	
	Documentation of Liability Insurance [Required]	
	CCHIT Certification of Selected Vendor [Required]	
	Memorandum of Understanding (MOU) with Selected CCHIT Certified Vendor [Required]	

C. Applicant Information

[Instructions: Print or type the information required below.]

Applicant Organization (Legal Name) _____

Mailing Address

Street _____

City _____

State _____ Zip Code _____

Federal Employer Identification Number _____

Website _____

Principal Contact Name _____

Title _____

Mailing Address

Organization _____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

E-Mail _____

D. Project Summary

[Instructions: Summarize the proposed project in no more than one page (250 words). Highlight project objectives including completion dates, approach proposed to accomplish objectives, and active project partners. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see Point of Care Model Electronic Health Record (POC EHR) Grant Program Requirements posted at: www.fhin.net/POCGrant.

E. Budget Summary

[Instructions: Summarize the budget as indicated below in no more than one page. Complete all categories indicating \$0.00 if appropriate. Note: An “Excel” sheet may be used for presenting the budget summary in the application. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

Budget Summary January 1 – June 30			
	Grant Funded	Applicant Funded	Total Amount
Personnel Costs			
Project Director			
Project Manager			
Other Staff			
Benefits			
Other Direct Costs			
Office			
Travel			
Data Processing			
Other			
Purchased Services			
Subcontractors			
Consultants			
Indirect Costs			
Total			

F. Budget Narrative/Justification

[Instructions: Describe how the funds requested will be spent and detail how the amount was determined for each budget item below, attaching additional pages as required. For proposed matching support, indicate whether cash or in-kind services are proposed. Indicate amount of borrowed funding for working capital and anticipated source. Indicate any additional space requirements and costs. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

Personnel Costs (Direct Labor)

Project Staff - include all project staff, listing the person's name if known, title, number of FTEs, number of hours proposed, proposed hourly rate, the total amount per person and a total amount for direct labor. Describe the assigned project responsibilities of each person.

Benefits - show rate and total amount.

Direct Costs

Office - include a listing of all other direct charges to the contract, (i.e., office supplies, telephone, equipment rental, duplication, and postage). For each item listed, show the quantity, rate, and total.

Travel – include number of in-state trips and estimated cost per trip. If out-of-state travel is proposed, report estimated amount separately. For local travel, show the anticipated mileage and mileage rate, taxi, parking, etc.

Data Processing - include all non-labor costs (i.e., hosting, license fees etc.). Show the quantity, rate, and a total for each item listed.

Other – detail any direct costs not included in other specified categories.

Purchased Services

Subcontractors - include, for each subcontractor, the same cost data (i.e., direct labor, fringe costs, direct costs, purchased services and indirect costs). Report a total amount for all subcontractors.

Consultants - include the name, number of days or hours proposed, daily or hourly rate, a total amount per consultant and a total amount for consultants.

Indirect Costs - show rate and total amount.

G. Biographical Sketches

[Instructions: Provide a biographical sketch of project staff and consultants using no more than two pages per person. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

H. Organizational Description

[Instructions: Provide an organizational description using one page to summarize the overall organizational structure and using no more than one page to describe each participating entity or subcontractor. Include the size, mission, and primary business or activity of each participating entity and subcontractor, their role in the project, and their qualifications. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

I. Project Narrative

[Instructions: Provide a description using no more than eight pages. Applicants must demonstrate a plan of action that describes the technical solution to be employed, how the CCHIT Certified electronic health record (EHR) system will be implemented in outpatient clinics, what training and technical support will be offered and how outcomes will be objectively measured. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

J. Business Plan

[Instructions: Provide a business plan for using the proposed service in no more than five pages. The plan should discuss how revenue would be generated from operations, project the market and potential earnings for the service, and plans to market the service. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

K. Technical Narrative

[Instructions: Describe the proposed technical solution for point of care case management in no more than five pages. Provide a description of how the electronic health record system that is deployed will capture patient information at point of care for patient care management and provide real-time access to that information to all participants in the project. The applicant must specify objectives regarding operational performance and utilization using required operational metrics for each phase of the project during the funding period. See Required Reports in the POC EHR Grant Program Requirements for operational metrics that must be tracked and reported during the funding period. Note: Use 12-point Arial font for all narrative text. Use 1.5 line spacing and one-inch margins top, bottom, and sides. For additional directions regarding application content, see POC EHR Grant Program Requirements posted at: www.fhin.net/POCGrant.

Appendices

Letters of Support	No limit	Optional
Subcontractor Agreements	No limit	If applicable
Consultant Agreements	No limit	If applicable
HIE Agreements	No limit	If applicable
Privacy and Security Policies	No limit	Required
Documentation of Liability Insurance	No limit	Required
CCHIT Certification of Vendor	No limit	Required
MOU with CCHIT Certified Vendor	No limit	Required