

Coronavirus Disease 2019 (COVID-19) Communicative Technology Grant Request Application

Instructions

In response to the COVID-19 pandemic, Adult Care Homes are having to make the difficult decision to limit interactions between adult care home residents, families and visitors in order to ensure residents' health and safety. The Kansas Department for Aging and Disability Services (KDADS) recognizes that visitor restrictions may be difficult for residents and families. To help residents stay connected, KDADS has secured funds to purchase electronic devices that will enable residents to visit with family and friends in a virtual setting and participate in telehealth visits.

Applicants shall submit this Communicative Technology Grant Request application to KDADS via email at covid.cmp@ks.gov. KDADS shall make a determination on the potential of the project to benefit adult care home residents and improve their quality of care or quality of life. KDADS will notify the applicant of the funding decision via email.

COVID-19 Communicative Technology Grant Request applications will be accepted until **September 7, 2020** or until the maximum allotment for the grant has been reached. Grants will be awarded on a first come, first served basis.

NOTE: This template can only be used for communicative technology and accessories for adult care homes.

Examples of allowable uses of grant funds for communicative technologies and accessories

Devices	Accessories
<ul style="list-style-type: none">• iPad or iPad Mini• Amazon Echo Show• Kindle Fire• Microsoft Surface• Samsung Galaxy Tablet• Facebook Portal• Or any other device	<ul style="list-style-type: none">• Protective covers that can be cleaned and disinfected• Assistive/adaptive equipment• Tripods (floor or tabletop)• Headphones• Tablet cleaning and disinfection products that are in accordance with recommendations of the device manufacturer

Prohibited expenses include but are not limited to:

- Travel
- Internet or software subscription fees
- Administrative fees

- Indirect Cost. For example: costs such as staff fringe benefits or facility maintenance.

1. Project and Applicant Requirements to use the Communicative Technology Application Template.

Projects must:

- Directly address the need for virtual visits as a replacement for in-person visits.
- Fall within the following parameters for use of funds:
 - Funds must only be used to purchase the types of devices and accessories described above.
 - Devices must enable residents to have virtual social and telehealth visits.
 - Devices can be shared among residents at a rate of 1 device per every 7 residents. Facilities will not be permitted to purchase personal devices for each resident.
 - Maximum use of \$3,000 per facility with exceptions allowable on a case by case basis (e.g., for facilities with a large number of residents).

Applicants must:

- Provide the total number of facilities proposed to receive devices/accessories (if the application covers multiple adult care homes), total cost per facility, number of residents per facility, cost per unit/item, number of units/items, and the total cost of the project.
- Provide a line-item budget for any objects or services for which grant funding is requested. Do not include prohibited items described above.
- Ensure appropriate infection prevention and control practices. Devices should not be shared between COVID-19 positive (or suspected) and other residents (i.e., COVID-19 negative or observation status). Prior to submitting an application, review the electronic device and/or wipeable cover manufacturer’s instructions for cleaning and disinfection to ensure this guidance exists and the facility can be compliant. Devices must be cleaned and disinfected between resident use. Review the EPA’s Disinfectant List for Use Against SARS-CoV-2 to determine if the disinfectant listed in the manufacturer’s instructions are listed.

2. Eligibility Guidelines – confirm this project meets criteria outlined in Section 1.

Yes No

3. Applicant Contact and Background Information

Organization Contact Information	
Contact:	
Name:	
Phone:	

Email:	
Address:	
State:	

4. Total Amount Requested:

Note: this amount should match the total cost of the items in section 5 below, in addition to items in the addendum (section 7).

5. Budget

Applicants must provide a line-item budget for all items, broken down per facility, for which grant funding is requested. All items must directly relate to virtual communication by residents.

Facility Name	State ID Number	Number of Licensed Facility Beds	Type of Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
TOTAL PROJECT COST						0

If the project includes more items than will fit in the table above or the addendum section below, please provide a complete record in an Appendix.

6. Attestation Statement

By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the project and applicant requirements.

Name of the Applicant (print):

Date of Signature:

Signature of the Applicant:

Facility Name	State ID Number	Number of Licensed Facility Beds	Type of Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
						0
						0
						0
						0
						0
TOTAL PROJECT COST						0