**CMP Project Concept Form**

**Directions:** Please complete this short draft “concept” form and return via email attachment to [munna.yasiri@state.mn.us](mailto:munna.yasiri@state.mn.us)

**SECTION 1**

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| --- | --- |
| **Applicant/Organization Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email address** |  |
| **Primary Contact name** |  |
| **Contact Title** |  |
| **Contact Phone/Email** |  |
| **Contact Address** |  |
| **Facility CCN (if applicable)** |  |
| **Facility website address (if applicable)** |  |
| **For nursing facility applicants only: Is the facility in receivership or bankruptcy?**  **Y / N** |  |

**SECTION 2**

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| **Organization history.** Provide a **BRIEF** background/history of the applicant facility, including name or ownership changes in the past 2 years. |
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**SECTION 3**

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| **Project overview:**  Please **BRIEFLY** address the following:  A description of what the project is and proposes to accomplish  How many facilities will be participating in this project (if applying for multiple facilities)  The need for or purpose of the project  Intended goals or outcomes of the project  How you propose to measure these goals/outcomes |
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**SECTION 4**

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| **Project budget overview:**  Please **BRIEFLY** address the following:  Overall TOTAL project budget and project time period (years)  A brief description/breakdown of the proposed project costs (cost categories)  Per facility cost per year |
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**SECTION 3**

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| **Project history.** Provide **BRIEF** information about your past or current experiences with the *same* project or *similar* projects (include project name, project funding sources, time period, etc.) in MN or other states. |
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**SECTION 4**

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| **Current sources of funding.**  Are you ***currently*** receiving federal or state funding for this project OR have you applied for or been granted funding for this or similar types of project, from *any* other source of funding? If yes, please explain in more detail (at a minimum, include the source of the other funding, the amount of funding, time period and any conditions of the funding for this project). |
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Signature of individual completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

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Telephone/Email (if not listed in section one of this document):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_