Pennsylvania
Department of Health

September 1, 2026

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #**67-212**.

A pre-application conference will be held via Microsoft Teams on **September 9, 2026** from 10:00am – 1:00pm ET. At this pre-application conference, important information about this Request for Applications will be presented. Join directly at https://teams.microsoft.com/meet/234470426901472?p=cSTd3IACNGj1LI90pt or by browsing to: https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting and entering the following: The meeting ID is 234 470 426 901 472 , and meeting Passcode is wh6Rb7h2; or by phone at +1 267-332-8737,,415642292#If attending by phone, content shown on Teams call screen will not be visible. Applicant attendance is strongly encouraged and will be an evaluation component.

All questions regarding this RFA must be directed by e-mail to ra-DHLTCtransform@pa.gov, no later than 12:00p.m. ET on **September 16, 2026**. Please include in the subject line "Quality Investment Program Questions" followed by your facility's name. All questions must include the specific section of the RFA which the potential applicant is requesting clarification. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Each applicant shall be responsible for monitoring the website for new or revised RFA information. The Department shall not be bound by any information that is not contained within the RFA or formally issued as an addendum by the Department.

Interested applicants may express interest by sending an email to: ra-DHLTCtransform@pa.gov. Type "APPLICATION RFA #67-212, *Facility License #Number*" as the subject line of your e-mail submission. The Long Term Care Transformation Office will then provide instructions on application submission via secure portal.

Applications must be received no later than 7:00 a.m. ET on **October 1, 2026**. Applications can be submitted as soon as they are ready for submission; to prevent late submissions, applicants are encouraged to not wait until this closing date and time. The timestamp on the received application in the ra-DHLTCtransform@pa.gov inbox is the final and only timekeeper determining that the application was received by the deadline. **LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.**

We expect that the evaluation of applications and the selection of Grantees will be completed within eight weeks of the submission due date.

Sincerely,

Rebekah Gregorowicz
Digitally signed by Rebekah Gregorowicz
Date: 2026.09.01 12:04:18 -04'00'

Office of Procurement
For Agency Head

Request for Application

Long-Term Care Quality Investment Program

RFA# 67-212

Date of Issuance
September 1, 2026

Issuing Office: Pennsylvania Department of Health
Office of Procurement
Email: RA-DHHEALTH_DEPT_DOC@pa.gov

RFA Project Officer: Andrew Zechman
Pennsylvania Department of Health
Long Term Care Transformation Office
Email: RA-DHHEALTH_DEPT_DOC@pa.gov

Long-Term Care Quality Investment Program
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Any Grant Agreement resulting from this RFA will include certain standard terms and conditions that will be attached as appendices and will be part of the agreement, which may either be found at http://www.health.pa.gov/vendors or are attachments to this RFA. These terms and conditions are not negotiable and are listed below:

- Exhibit C, Payment Provisions Rev. 6/26 and Attachment 1
- Exhibit D, Audit Requirements Rev. 11/25
- Exhibit E, Department Standard General Terms and Conditions (Grant)
- Exhibit F, Commonwealth Standard General Terms and Conditions (Grant) Rev. 10/24
- Exhibit G, Federal Standard Terms and Conditions (Grant)

PART ONE

Long-Term Care Quality Investment Program

General Information

A: Information for Applicants

The Pennsylvania Department of Health Long Term Care Transformation Office is accepting applications for the Long-Term Care Quality Investment Program grant program. This initiative is designed to be expanded over time and to support long-term system improvements and alignment with value-based care across the Commonwealth.
Through this program, fixed awards will be provided to long-term care facilities who qualify.
These awards are intended to improve resident and staff well-being, strengthen facilities' ability to manage operations, participate in value-based care programming and build resilience for the future.

The Quality Investment Program will distribute approximately $12 million in funding to Skilled Nursing Facilities (SNFs), Personal Care Homes (PCHs), Assisted Living Facilities (ALFs) and Intermediate Care Facilities (ICFs), that meet specific criteria. These funds must be invested in key areas including workforce development and infrastructure enhancements within the allowable program tracks.

The anticipated initial period of performance under the resulting grant agreement(s) is January 1, 2027 to September 30, 2027, subject to the availability of funding. If the anticipated period of performance start date is changed by the Department for the resulting grant agreement, the initial period of performance is expected to remain a total of nine-twelve months, subject to the availability of funding. The Department expects to initially award between 48-100 agreements from this RFA, however this number is subject to change.

At the Department's discretion and by letter notice, the Department may extend the resulting Grant Agreement as follows:

Period of Performance. The Department may extend the initial period of performance, or award subsequent periods of performance, or both.

Extension. Upon notice to the Grantee, the Department may extend the term for up to 90 days by providing written notice of extension to the Grantee without the need to amend the agreement. Any extension of the term in excess of 90 days must be accomplished through a formal amendment to the agreement.

Applications are welcomed from SNFs, PCHs, ALFs, and ICFs (defined above).
Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B. Facilities may apply only if they meet all requirements below:

- Are registered as an active Commonwealth vendor within SAP prior to application submission. Applicants may enroll at https://www.pa.gov/services/budget/1_1_3-register-as-a-non-procurement-vendor-to-the-commonwealth-of-penn or by calling toll free at 1-877-435-7363 or locally at 717-346-2676. It may take up to four weeks to obtain an SAP vendor number. If a vendor has previously done business with the Commonwealth but has not used the number within the past five years, it may take up to four weeks to verify the account is active and not flagged and can be used. Applicants can check the status of their vendor registration here: Supplier/Vendor Number Lookup Tool | Office of the Budget | Commonwealth of Pennsylvania by entering the business name or Supplier ID (SAP Number).

Applicants who do not provide an active (not flagged for deletion) SAP vendor number on their application will not be considered for award.

- Applicants must have a clean record in the Contractor Responsibility Program System (CRPS), with no suspensions, debarments, or performance issues that would prevent meeting the standards outlined in Management Directive 215.9. The Department reserves the right to exclude facilities from funding consideration based on documented prior performance issues, including failure to appropriately utilize previous funding, compliance deficiencies, or inability to meet program requirements.
- Agree not to negotiate the Commonwealth Standard General Terms and Conditions (Grant), the Department Standard General Terms and Conditions (Grant), and the Federal Standard Terms and Conditions (Grant)
- Facility leadership must attest to their full commitment to the program using Attachment I of the application. Demonstrate, as instructed by the Department, that residents and families have been involved in the development of the proposed Program projects through attestation on the LTC Quality Investment Program Application.

Eligible funding amounts

Interested facilities are to use the application document to estimate their *minimum and* maximum possible award based on the number of licensed beds. Once known, facilities are to review in detail the intervention options listed out in Table 1 and Table 2, to determine which of are best suited to meet their needs.

Key Intervention Areas This funding opportunity is designed to give facilities the ability to improve their overall routine operations, recruit and retain staff and improve resident quality of care by investing in two main areas: 1) Expanding workforce capabilities and 2) Improving technical and physical infrastructure.

Facilities may apply for funding in one or more of the interventions detailed in the track tables. These interventions are subdivided into workforce development categories and infrastructure categories and organized into 6 tracks.

Facilities are expected to demonstrate readiness to implement proposed interventions, including the ability to execute within established timelines, engage appropriate staff, and track required performance metrics. The Department will consider readiness, prior performance in quality improvement initiatives, and ability to operationalize funding when making award determinations.

a. **Workforce development category:** This is designed to build skills of staff and provides funding for selecting certification/training programs. There are 3 tracks in this category. They are listed below and described in Table 1.

Track 1: Leadership and Nursing Home Administrator Training
Track 2: Clinical & Non-Clinical Skills Training
Track 3: Nurse Aide Training

Tables highlight the award amount to be provided per member of staff, with details of how the funds are to be utilized. Facilities should indicate in their application the number of staff they would like to participate in the respective training and educational advancement opportunities.

b. **Infrastructure category:** There are 3 tracks in this category. They are listed below and described in greater detail in track tables to follow.

Track 4: Technology and Communications
Track 5: Electronic Health Record
Track 6: Resident Support and Satisfaction
Each infrastructure improvement intervention has a maximum allowable funding limit. A vendor quote must be submitted with the application for all interventions with a maximum amount greater than $25,000, as well as for additional tracks as noted below.
The following tracks require a quote to be uploaded as attachment with grant application. Quote requirements are specified within each track table and must be followed as indicated, regardless of maximum funding thresholds:

4.A Telehealth Kiosks
4.B: Improved Internet Access or Wi-Fi connectivity
4.C: Call Bell System
4.D: Software
5: Electronic Health Record
6.A: Upgrade communal areas/visitation spaces
6.B: Resident Movement/Mobility Equipment
6.C: Development/Fostering of Resident Councils
6.D: Polymerase Chain Reaction (PCR) Point of Care (POC) Lab Testing Unit

Quotes are to be obtained in advance of the application submission and have a total quoted cost for the work less than or equal to the maximum amount listed in the track table for that specific track. If Applicants do not submit a quote with the application for any of the five interventions listed above, Applicants will not receive an award for that intervention.

The following tracks will require a proposal to be included with applicable Exhibit H attestation form:

4.A Telehealth Kiosks
5. Electronic Health Record
6.C Development/Fostering of Resident Councils
6.D: Polymerase Chain Reaction (PCR) Point of Care (POC) lab testing Unit

Proposals for the tracks listed above must include applicable Exhibit H form(s), and must not to exceed 5 pages per proposal. These requirements must be met to be eligible for an award in these tracks. In addition to narrative, proposals may include graphs, tables, timelines, images, etc. More specific information and required components can be found in the attachments included at the end of the RFA packet.

Track 1.A: Leadership and Nursing Home Administrator Training

Example Course Option	**Description**
Nurse Manager Certificate Program	NHA training / upskilling
Certified Billing and Coding Training	CMS Quality / Billing and Coding Certificate

Funding Information	Amount per Person	Allocation
Maximum Award Amount	$5,000	Invoice required; applies to eligible management training
Certification Tuition	$3,000	Applied toward course tuition
Staff Time	$2,000	Covers 50% of staff time to complete certification

Additional Benefit: PA DOH Administrator recognition certificate for successful completion.

Track 1.B: 120-Hour Nursing Home Administrator Course

Example Course Option	*Description*
120-Hour Nursing Home Administrator Course	*Training program preparing individuals for the role of nursing home administrator, including preparation for the National Licensing Exam.*

Funding Information	*Amount per Person*	*Allocation*
Maximum Award Amount	*$5,500*	*120-Hour NHA Course / Exam (invoice required)*
Certification Tuition	*$3,000*	*Applied toward course tuition*
Staff Time	*$2,500*	*Covers 50% of staff time to complete certification and exam r*

Additional Benefit: PA DOH Administrator recognition certificate for successful completion.

Track 2: Clinical / Non-clinical Skills Training – Specialized Skills

Example Course Option	Description
Dementia Training	**Training program focused on dementia care**
Wound Care	**Training program focused on wound care**
Phlebotomy	**Training program for phlebotomy skills**
IV Insertion Training	**Training program for IV insertion skills**
Medication Preparation and Administration	**Training program for medication handling and administration**
Nutrition and Therapeutic, Modified, and Special Diet Plans	**Training program for nutrition and therapeutic, modified, and special diet plans**

Example Course Option	Description
EVS (Environmental Services)	**Non-clinical training for Environmental Services staff**
Supply Chain	**Non-clinical training for supply chain staff**
Certified Professional in Healthcare Quality (CPHQ) Training and Certification	**Training program for CPHQ and certification**

Funding Information	Amount per Person	Allocation
Maximum Award Amount	**$5,000**	**Applicable training program (invoice required). Note: 50% may be used as a funding bonus with a facility 50% match. Employee must commit to 1 year of service or may be required to repay up to 50% of the retention bonus if they voluntarily leave before one year.**

Note: Facilities are encouraged to prioritize training programs that support clinical quality improvement, infection prevention, emergency preparedness, and leadership development, particularly those aligned with facility QAPI plans.

Facilities are encouraged to incorporate "train-the-trainer" models where appropriate to expand internal training capacity and promote sustainability of workforce development efforts.

Retention Incentive Requirement:

Facilities utilizing funding for retention bonuses tied to training must provide a minimum 50% match of any retention incentive funded through this program.

Employees receiving retention incentives must agree to remain employed at the facility for a minimum of one year following completion of training. If the employee voluntarily leaves prior to one year, they shall be required to repay 50% of the retention bonus to the facility. Facilities must demonstrate a process for tracking training completion, employee retention, and utilization of newly acquired skills. The Department may require facilities to participate in workforce surveys, retention tracking, and/or employee feedback interviews to evaluate program effectiveness.

Track 3: Clinical Skills Training – Nursing Assistants
(Training programs by county; facilities may also propose alternative programs aligned with quality improvement and workforce development needs.)

Example Course Option	Description
PA Department of Education–approved Nursing Assistant Programs	**Training program for nursing assistants approved by the PA Department of Education.**

Funding Information	Amount per Person	Allocation
Maximum Award Amount	**$5,000**	**Applied to Nursing Assistant Training Program (invoice required)**
Certification Tuition	**$2,500**	**Applied toward course tuition**
Staff Time / Travel / Childcare	**$2,500**	**Covers 50% of staff time, travel, and childcare needed to complete certification**

Track 4: Technology and Communications
(Projects must demonstrate a direct connection to improved resident care, clinical quality outcomes, or care coordination capabilities.)

Example Course Option*	Description
4.A: Telehealth Kiosks	Equipment for telehealth consultations, including carts, tablets, laptops, computers, peripherals, monitors, and headphones/microphones.
4.B: Internet Access / Wi-Fi	Improvements to internet access or Wi-Fi connectivity to enhance communication and enable telehealth.
4.C: Call Bell Installation / Upgrades	Installation or upgrades of call bell systems.
4.D: Software / Equipment for Virtual Visits	Software/equipment to support virtual provider or family visits and resident vital-monitoring equipment.

Funding Information	Maximum Amount	Allocation
4.A: Telehealth Kiosks / Improvements	$25,000 (Quote required)	Equipment / Software
4.B: Internet Access / Wi-Fi	$15,000 (Quote required)	Equipment / Software / Service
4.C: Call Bell Installation / Upgrades	$50,000 (Quote required)	Equipment / Software / Service / Implementation
4.D: Software / Equipment for Virtual Visits or resident wearables	$25,000 (Quote required)	Software / Equipment

Please note: all tracks require the attachment of a quote. Additional Requirement: Facilities applying under

Track 5: Electronic Health Record

Maximum Amount	Allocation
$125,000 (quote required)	**Equipment / Software / Service / Implementation**

Track 5 must include a brief implementation plan describing how the EHR will support clinical quality improvement, data reporting, and care coordination, including integration with external partners where applicable.

Track 6: Resident Care / Satisfaction

Option	Description	Maximum Amount
6.A: Communal / Visitation Space Upgrade	**Upgrade of communal/visitation spaces to improve infection control, including adding barriers for separation**	**$50,000**
6.B: Resident Movement / Mobility Equipment	**Purchase of resident movement equipment such as transfer lifts, sliding boards/sheets, gait belts, walking aids**	**$25,000**
6.C: Support of Resident Councils	**Funding to support a resident council, including materials and staff time for oversight and fostering**	**$10,000**
6.D: PCR Point of Care Testing Unit	**Purchase of a PCR point-of-care testing unit and supplies (facility must obtain CLIA Waiver prior to purchase)**	**$50,000**

Please note: Proposal required for 6.C: Development of Resident Councils and CLIA Waiver required for 6.D: PCR Point of Care Testing Unit

This RFA provides interested and eligible parties with information to prepare and submit applications to the Department. Questions about this RFA can be directed to the contact listed on the potential applicant letter (which is the first page of this RFA) by the date and time listed therein. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted under the RFA Solicitation at www.emarketplace.state.pa.us. Each applicant shall be responsible for monitoring the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to apply for this RFA and do business with the Commonwealth of Pennsylvania, providers are required to enroll in the SAP system and provide with their application a currently valid (active) SAP vendor number. Applicants may enroll at https://www.pa.gov/services/budget/1_1_3-register-as-a-non-procurement-vendor-to-the-commonwealth-of-penn or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

Applicants who do not provide an active (not flagged for deletion) SAP vendor number on their application will not be considered for award.

B. Application Procedures

1. General

a. Applications must be received by the Department by the time and date stated in the cover letter. The Department will reject any late applications. The decision of the Department with regard to timeliness of submission is final.
b. If it becomes necessary to revise any part of the application guidelines, an amendment will be posted under the RFA Solicitation at www.emarketplace.state.pa.us.
c. The decision of the Department with regard to selection of applicants is final. The Department reserves the right, in its sole and complete discretion, to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
d. The Department is not liable for any costs the applicant incurs in preparation and submission of its application, in participating in the RFA process or in anticipation of award of the resulting Grant Agreement(s).
e. The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement(s).
f. Awarded applicants and non-selected applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the Grantee throughout the life of the Grant using funding from this Grant Agreement must acknowledge the Department as the granting agency and be approved in writing by the Department.
g. The Department reserves the right to reallocate awarded funds that are not utilized, are underutilized, or are not expended in accordance with program requirements. Such funds may be reassigned to other eligible facilities, including those identified through a ranked or pre-qualified list of applicants, at the Department's discretion. Reallocation decisions will be made based on the original evaluation criteria and program priorities to ensure consistency and fairness.
h. The Department reserves the right to clarify, modify, or amend program requirements, application components, and implementation expectations as necessary to ensure alignment with program goals, funding requirements, and applicable state and federal guidelines.

2. Evaluation of Applications

The Department is committed to allocating these funds in a way that will reduce health disparities among residents and staff in facilities in Pennsylvania. The Department will utilize a structured and data-informed evaluation approach to prioritize facilities that demonstrate both need and readiness for successful implementation. In addition to the criteria outlined below, the Department will consider factors of facility performance trends, workforce stability, demonstrated engagement in quality improvement initiatives, and the ability to operationalize awarded funding within required timelines.

The evaluation approach is designed to balance support for facilities with the greatest need while ensuring that awarded funding results in measurable improvements in resident outcomes, workforce capacity, and operational sustainability. The Department reserves the right to consider a combination of quantitative data and documented qualitative factors, including facility-reported information and prior participation in Department-supported initiatives, to inform final award decisions. Facilities that demonstrate strong alignment between proposed interventions and

identified operational or clinical gaps may be prioritized for funding. Therefore, facilities will be ranked accordingly and in consideration with the following listed and outlined below:

The Department further reserves the right to consider additional relevant federal, state and industry data sources applicable to the evaluation criteria below, operational factors, implementation readiness, geographic distribution, prior performance, and other programmatic considerations listed below when making award determinations. Final funding decisions will be made by the Department through its established review process and committee recommendations to ensure alignment with program goals, funding priorities, and the equitable distribution of available resources.

i. Social Vulnerability Index (SVI) based on County and/or zip code level data
ii. Number of Medicaid days (applicable to SNFs) or Supplemental Security Income (SSI) residents (applicable to PCHs and ALFs)
iii. Geographical location and Medically Underserved Area/Population (MUA/P) within the Commonwealth of Pennsylvania
iv. Health Professional Shortage Areas (HPSAs)
v. Alignment of proposed interventions with identified facility needs, including workforce stabilization, technology adoption, and measurable quality improvement outcomes.
vi. Attendance or non-attendance at pre-application conference meeting

The Department will award Grant Agreements to the highest-ranked facilities in the amount of the budget included in the facility's application, with a maximum amount awarded $2,500 per bed, up to $250,000 per facility until the funding is exhausted.

If additional funding becomes available, the Department will continue issuing awards using the same ranking system until those funds are fully exhausted.

A minimum of 50% of funds will be provided to SNFs.

3. Award Notification and Debriefing Process

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and received by the Department within 30 calendar days of the official written notification of the status of the application. The Department will determine the time, place/virtual platform for the debriefing. Applicants will be given information regarding the strengths and weaknesses of their individual applications. Applicants will not be given any information regarding the other applications other than the position of their application in relation to all other applications.

4. Reporting Requirements

a) The awarded applicants shall submit a written mid-term report on progress, issues, and activities to the Department within 180 days after the Grant Agreement effective date. The mid-term report must, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of intervention during the term of the Grant Agreement must be approved in writing by the Department. *The mid-term report will be reviewed during a mandatory Microsoft Teams meeting scheduled by the department with the identified facility administrator(s).*

b) The awarded applicant(s) shall submit a final written report (requirements below) to the Department within 30 days after the end date of the Grant Agreement.

Final Report Requirements

The Grantee shall submit a final written report to the Department within 30 days after the expiration or termination of this agreement. The Final Report must summarize completion of all activities and requirements outlined in the approved project plan and must reference the Track-specific tasks, timelines, and performance measures detailed in the Work Statement.

At a minimum, the Final Report must include:

1. Confirmation of Track Completion
1.1 Confirmation that all funded Tracks were completed as approved.
1.2 A summary of activities completed for each Track funded, with clear reference to the required tasks and timelines outlined in the Specific Tasks and Timelines section of this Work Statement.
1.3 Identification of any deviations from the approved Track plan and documentation of Department-approved changes.

2. Performance Outcomes
2.1 A report on all performance measures applicable to the Track(s) selected by the Grantee (e.g., completion rates, retention rates, clinical quality outcomes, technology utilization metrics), using the performance criteria listed earlier in this Work Statement as the required benchmarks.
2.2 Supporting documentation for all metrics, such as training records, system logs, survey results, or outcome data.

3. Federal and Funder-Driven Requirements
3.1 Any reporting elements required by CMS or otherwise communicated by the Department, including predefined measures or federally aligned indicators.
3.2 All data elements identified by the Department under the Evaluation and Data Collection section, including funding utilization, expenditure timelines, and any clinical or operational data required with 30 days' notice.

4. Quantitative and Qualitative Data
4.1 All quantitative and qualitative data collected during the grant period as required under the Data Collection and Qualitative Feedback sections of this Work Statement.
4.2 Qualitative insights from staff, administrators, residents/families, or others, as applicable to the funded Tracks.

5. Financial Reporting
5.1 A complete and accurate accounting of grant expenditures, including alignment with allowable activities under each Track, timelines of spending, burn-rate analysis, and identification of any unspent funds.

6. Required Attachments
6.1 All supporting materials required by the Department for verification of completion and compliance (e.g., training lists, installation records, Council documents, CLIA waiver documentation, EHR verification).

c) The Department will evaluate the impact of interventions in all awarded facilities to better understand best practices to advise on any potential future resiliency building opportunities. Therefore, all awarded facilities will be required to track certain measures provided by the Department related to specific interventions and to provide that information to the Department upon request. Facilities will be given 30 calendar days advanced notice by the Department for

any predefined measures and reports. The Department will work closely with awarded facilities to provide progress report templates, conduct resident, and staff surveys when appropriate, and other data collection tools that are specific to each intervention. The Department may also conduct pre-planned site visits to observe progress of infrastructure enhancements, as well as interact with select staff undergoing project-funded training for feedback on such experiences. Additional evaluation activities may be conducted at the discretion of the Department.

At the Department's discretion, facilities participating in technology-based interventions, including EHR implementation, may be required to submit additional data elements related to clinical quality measures, staffing indicators, and resident outcomes as defined by the Department.

Facilities shall also be required to report on funding utilization, including expenditure timelines and burn rates. The Department may monitor under- or over-utilization of funds and require corrective action to ensure full and appropriate use of awarded funding within program timelines.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

a. The applicant must submit **one** application (Part Two of this RFA), via portal after submitting interest email to: ra-DHLTCtransform@pa.gov .
b. The application must be received by the date and time specified in the cover letter.
c. In interest email, include in the subject line "Quality Investment Program application" followed by the facility's name.
d. Applicants must demonstrate that the applying facility qualifies as a rural provider based on federal rural eligibility definition confirmed using the following tool: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility
e. The application must be submitted using the format described in subsection 2, below – Application Format.
f. Facilities may be required to comply with applicable data sharing, privacy, and regulatory requirements, including data use agreements or other approvals necessary for the collection and reporting of resident-level or facility-level data.
g. Applicants must attest to the following (attestation forms are included in the Quality Investment Program Application, (Attachment 4):
    i. Facility will enroll with regional healthcare coalition and identify representative(s) for Long Term Care Subcommittee by *Monday, May 3, 2027.*
    ii. Facility is financially solvent enough to use funds across performance period.
    iii. Facility is registered as a vendor within SAP prior to application submission.
    iv. Facility shall provide progress report in format specified by the Department, as deliverables, to receive further reimbursements.
    v. Facility ownership is committed to dedicating the necessary time and resources to oversee that funds shall contribute to improved long-term staff and resident wellbeing.
    vi. Facility has involved and/or informed residents and/or their families in developing the application and will continue to engage them in program interventions if the grant is awarded.

vii. Facility is not requesting reimbursement for an intervention that it has already spent funds on, or they have received Federal funding for.

viii. All interventions conducted by facilities must meet all necessary approvals and regulators (for example, CMS guidance, building approvals, manufacturer's guidance)

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½" by 11" paper, with a font size no smaller than 10 point and margins of at least ½ inch.

a) **Cover Page** – Complete the form. This form must be signed by an official authorized to bind the applicant/organization to the application.

b) **Worker Protection and Investment Certification Form (BOP-2201) and Lobbying Certification Form (BOP-1307)** – both forms must be completed and signed by an official authorized to execute the certification on behalf of the applicant and attest to compliance.

c) **FFATA Subrecipient Data Sheet** – Complete the form. This form should be submitted with the application. If awaiting issuance of a UEI, the form can be submitted separately, within 30 calendar days of the application due date. Note that late submission may delay funds.

d) **Exhibit B, Long Term Care Quality Investment Program Application and Budget** – Applicants must complete to be considered eligible for the Program.

e) **Attachment 1 to Exhibit B: Long-Term Care Quality Investment Program Application and Budget: Attestations** –Applicants must complete to be considered eligible for the Program.

f) **Exhibit H: Required Track Specific Attestation Forms (as applicable) –** a completed form and supporting narrative are required if applying in any of the following tracks: Electronic Health Record, Telehealth, Resident Councils, or PCR Testing

3. Facility Definitions

Assisted Living Residence (Facility) – as defined in section 1001 of the Act of June 13, 1967 (P.L. 31, No. 21), known as the Human Services Code.

Long-Term Care Nursing Facility/Skilled Nursing Facility –as defined in section 802.1 of the Act of July 19, 1979 (P.L. 130, No.48), known as the Health Care Facilities Act.

Personal Care Home – as defined in section 1001 of the Human Services Code.

Private Intermediate Care Facilities for Individuals with an Intellectual Disability or Autism – as defined in 55 Pa. Code Chapter 6400.

PART TWO

Pennsylvania Department of Health
Long Term Care Transformation Office

Long-Term Care Quality Investment Program

Request for Applications (RFA) #67-212

COVER PAGE

Applicant Name: _____
(Organization or Institution)
Type of Legal Entity_____
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

Federal I.D.#: _____ **Requested Grant Amount $**_____

SAP Vendor #:_____

Address:_____

City_____**County**_____**State**_____**Zip Code**_____

Application contact name :_____

Title:_____

Telephone No.: _____ **Fax:** _____ **E-mail:**_____

Applications/proposals/bids received shall remain valid, unless deemed unresponsive, until such time that final award(s) is or are made.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE APPLICATION AND REPRESENTING THAT ALL THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	DATE

WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM

A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania's Unemployment Compensation Law, Workers' Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment Medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee's compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

Signature ***Date***
Name (Printed)
Title of Certifying Official (Printed)
Contractor/Grantee Name (Printed)

Lobbying Certification Form

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, which can be found at:

http://www.whitehouse.gov/sites/default/files/omb/assets/omb/grants/sflllin.pdf

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under *Section 1352, Title 31, U. S. Code.* Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than **$100,000** for such failure.

SIGNATURE: _____

TITLE: _____ DATE: _____

FFATA Subrecipient Data Sheet

A downloadable PDF copy of the FFATA Sheet can be found with the RFA posting on eMarketplace. Please complete the PDF file following the instructions within, as well as the instructions found in this RFA.

Work Statement

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2d Work Statement for completion instructions.

I. **Specific Tasks**

A. Pursuant to Executive Order 2021-06, Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania worker has a safe and healthy work environment, and the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

B. The Grantee shall address long-term care workforce resiliency or infrastructure or both to improve infection prevention control and emergency preparedness, in accordance with the intervention opportunity (Track) or opportunities (Tracks) selected in Exhibit B, LTC QIP Application and Budget.

C. The Grantee shall promote outbreak control and emergency response ability that promotes health equity for all residents and staff, in accordance with the Track or Tracks selected in Exhibit B, LTC QIP Application and Budget.

D. The Grantee shall use the funding provided toward the Track or Tracks selected in Exhibit B, LTC QIP Application and Budget. The Grantee shall ensure that all expenditure is made in accordance with Department approved Interpretations of infection prevention control and emergency preparedness measures.

II. **Timelines or Milestones**

A. The Specific Tasks B-D above must be completed by the end date of the period of performance.

B. **Reporting Requirements**

A. The Grantee shall submit a written mid-term report of progress, issues, and activities to the Department within 180 calendar days after the Effective Date of this agreement. The mid-term report must, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of intervention during the Term must be approved in writing by the Department.

B. The Grantee shall submit a final written report (requirements on pg. 17) to the Department within 30 calendar days after the expiration or termination date of this agreement.

C. The Department will evaluate the impact from interventions in all awarded

facilities to better understand best practices to advise any potential future resiliency building opportunities. Therefore, the Grantee shall collect and track the measures provided by the Department related to specific interventions and provide that information to the Department upon request The Department shall provide 30 calendar days written notice of any predefined measures and reports required. The Department will work closely with the Grantee to provide progress report templates, conduct resident and staff surveys when appropriate, and other data collection tools that are specific to each Intervention. The Department may also conduct pre-planned site visits to observe progress of infrastructure enhancements such as hand-washing stations, biocontainment zones, use of telehealth kiosks, as well as interact with select staff undergoing specific certifications or trainings for direct constructive feedback on such experiences. Additional Quality Investment Pilot evaluation activities may be conducted at the discretion of the Department.

Long-Term Care Quality Investment Program Application and Budget

A downloadable Excel copy of Exhibit B can be found with the RFA posting on eMarketplace. Please complete the Excel file following the instructions within, as well as the instructions found in this RFA.

Long-Term Care Facility
Quality Investment Program
APPLICATION: Attestations

Attestations

Please attest to the following to be considered eligible to apply to this Program:

- Facility will enroll with regional healthcare coalition and identify representative(s) for Long Term Care Subcommittee by Monday, May 3, 2027.
- Facility is financially solvent enough to use funds across performance period and does not have outstanding obligations that would prevent the Department from awarding funding.
- Facility is registered, using exact name as provided on Exhibit B, Long-Term Care Quality Investment Program Application and Budget, as an active vendor within SAP prior to application submission.
- Facility is registered with the PA Department of State, using exact name as provided on Exhibit B, Long-Term Care Quality Investment Program Application and Budget prior to application submission.
- Individuals required to sign the contract with the Department are also signatories.
- Facility shall provide progress reports in format specified by the Department, as deliverables, to receive further installments.
- Facility ownership is committed to dedicating the necessary time and resources to oversee that funds shall contribute to improved long-term staff and resident wellbeing.
- Facility has involved or informed residents or families in the development of the application, and will do so about interventions through this Program, if awarded the Grant.
- Facility is not requesting reimbursement for an intervention that they have already spent funds on, or they have received Federal for funding.
- All interventions conducted by facilities must meet all necessary approvals and regulators (for example, CMS guidance, building approvals, manufacturer's guidance)
- Facility representative has attended Pre-application Webinar or confirms review in entirety prior to submitting application.
- Facility Has identified all staff members below: Primary Grant Project Officer, Secondary Grant Officer, and Facility Clinical Care Coordinator/Director of Nursing

Signature: _____Title: _____

Primary Grant Project Officer Name: _____

Email address: _____ Phone Number: _____

Secondary Grant Project Officer Name: _____

Email address: _____ Phone Number: _____

Clinical Care/DON Project Officer Name: _____

Email address: _____ Phone Number: _____

Grant Attestation Form: Electronic Health Record (EHR) Procurement and Implementation

Grantee Information:

- Organization/Entity Name: [Grantee Name]
- Contact Person: [Contact Person's Name] Contact Email: [Contact Email] Contact Phone Number: [Contact Phone Number]

Project Overview:

- Title of Project: Electronic Health Record (EHR) Procurement and Implementation
- Purpose of Project: To procure/upgrade and implement an EHR system at [Name of Long-Term Care Facility] to enhance resident care, streamline administrative processes, and improve overall efficiency. To include add-on features and capabilities. The project must include functionality for chronic condition management, support bidirectional data exchange, and demonstrate participation or planned participation in a Health Information Organization (HIO). Facilities must also demonstrate alignment with value-based care models, including coordination with Accountable Care Organizations (ACOs) and/or Managed Care Organizations (MCOs), where applicable.
- Total Project Cost: [Total Cost]
- Requested Grant Amount: [Amount Requested]
- Project Estimated Start Date: [Start Date]
- **Justification:** Provide justification narrative to include all sections outlined below (character limitation):

1. **Needs Assessment:**
    - Provide a brief overview of the current state of record-keeping.
    - Outline the challenges and limitations faced due to the absence of an Electronic Health Record system or add-on.
    - Describe the impact on resident care, administrative efficiency, and overall operations.
2. **Benefits of EHR Implementation:**
    - Highlight the anticipated benefits of implementing an Electronic Health Record system.
    - Include improvements in resident care quality, safety, and accessibility of medical records.
    - Discuss how EHR implementation will streamline administrative tasks such as billing, scheduling, and regulatory compliance.
3. **Cost Breakdown:**
    - Provide a detailed breakdown of the project costs, including:
        - EHR software licensing fees.
        - Hardware and infrastructure requirements (servers, computers, networking equipment, etc.).
        - Implementation and training costs.
        - Any additional expenses related to customization, integration, or ongoing support.
4. **Project Timeline:**
    - Present a timeline outlining key milestones and activities from procurement to full implementation.
    - Include dates for vendor selection, software customization, staff training, and system Go-Live.
5. **Sustainability Plan:**
    - Describe the long-term sustainability plan for maintaining and supporting the EHR system beyond the grant period.
    - Detail how ongoing costs will be covered, including staff training, software updates, and technical support.

6. **Impact and Evaluation:**
    - Outline the criteria and metrics that will be used to evaluate the success of the project.
    - Describe how the impact on resident care, staff efficiency, and organizational performance will be measured.
    - Discuss plans for collecting feedback from staff and stakeholders throughout the implementation process.
7. **Budget Justification:**
    - Provide a narrative explanation for each budget item, detailing why it is necessary for the success of the project.
    - Justify the requested grant amount based on the projected costs and the potential impact of the project.

Attachments:

- Attach any supporting documents such as project plans, vendor proposals, cost estimates, and letters of support from stakeholders.

Certification: I certify that the information provided in this justification form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Grant Attestation Form: Telehealth Implementation

Grantee Information:

- Organization/Entity Name: [Grantee Name]
- Contact Person: Contact Email: Contact Phone Number:

Project Overview:

- Title of Project: Telehealth Implementation/Improvement
- Purpose of Project: To establish or enhance a telehealth program at [Name of Long-term Care Facility] to enhance access to healthcare services, improve resident outcomes, and adapt to the changing healthcare landscape.
- Total Project Cost: [Total Cost]
- Requested Grant Amount: [Amount Requested]

Justification: Provide justification narrative to include all sections outlined below:

1. **Needs Assessment:**
    - Provide a brief overview of the current healthcare access challenges faced by the community served.
    - Describe the limitations of traditional in-person healthcare delivery, especially in light of recent events or ongoing trends.
    - Explain how the implementation of telehealth services will address these challenges and improve access to care.
2. **Benefits of Telehealth Implementation:**
    - Highlight the anticipated benefits of implementing a telehealth program.
    - Discuss improvements in resident access to healthcare services, particularly for underserved populations or those with limited mobility.
    - Describe how telehealth can enhance resident engagement, reduce healthcare disparities, and improve health outcomes.
3. **Cost Breakdown:**
    - Provide a detailed breakdown of the project costs, including:
        - Telehealth platform licensing fees.
        - Equipment and technology requirements (video conferencing tools, monitoring devices, etc.).
        - Staff training and education costs.
        - Any additional expenses related to telehealth program setup, such as marketing or outreach efforts.
4. **Project Timeline:**
    - Present a timeline outlining key milestones and activities for telehealth program implementation.
    - Include dates for platform setup, staff training, resident education, and program launch.
    - Specify any Program phases or testing periods before full-scale implementation.
5. **Sustainability Plan:**
    - Describe the long-term sustainability plan for maintaining and expanding the telehealth program beyond the grant period.
    - Details on how ongoing costs will be covered, including platform licensing renewals, equipment upgrades, and staff training needs.
6. **Impact and Evaluation:**
    - Outline the criteria and metrics that will be used to evaluate the success of the telehealth program.
    - Describe how the impact on resident access, satisfaction, and health outcomes will be measured.
    - Discuss plans for collecting feedback from both residents and healthcare providers to continuously improve the telehealth services.

7. **Budget Justification:**
    - Provide a narrative explanation for each budget item, detailing why it is necessary for the success of the telehealth program.
    - Justify the requested grant amount based on the projected costs and the potential impact of expanding access to healthcare services through telehealth.

Attachments:

Attach any supporting documents such as telehealth program proposals, equipment quotes, training plans, and letters of support from stakeholders.

Certification: I certify that the information provided in this justification form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

RFA# 67-212

Exhibit H: Resident Council

Grant Attestation Form: Long-Term Care Facility Resident Council Support

Grantee Information:

- Organization/Entity Name: [Grantee Name]
- Contact Person: Contact Email: Contact Phone Number:
- **Project Overview:**
- Title of Project: Long-Term Care Facility Resident Council Support
- Purpose of Project: To establish and support a Resident Council at [Name of Long-Term Care Facility] to empower residents, enhance their quality of life, and foster a sense of community engagement.
- Total Project Cost: [Total Cost]
- Requested Grant Amount: [Amount Requested]
- Project Start Date: [Start Date]

Justification: *Please produce justification narrative to include all sections outlined below:*

1. **Needs Assessment:**
    - Provide an overview of the current resident involvement and decision-making processes within [Name of Long-Term Care Facility].
    - Describe the importance of resident councils in promoting resident rights, fostering social interaction, and improving the quality of care.
    - Explain the need for financial support to establish and sustain a Resident Council, including funding for activities, resources, and staff involvement.
2. **Benefits of Resident Council Support:**
    - Highlight the anticipated benefits of establishing and supporting a Resident Council.
    - Discuss how the Resident Council will empower residents to voice their opinions, concerns, and suggestions regarding facility policies, activities, and services.
    - Describe the potential impact on resident satisfaction, social connectedness, and overall well-being.
3. **Cost Breakdown:**
    - Provide a detailed breakdown of the project costs, including:
        - Staff time for organizing and facilitating Resident Council meetings and activities.
        - Supplies and materials for Resident Council meetings (e.g., agendas, minutes, signage).
        - Resident Council training and education sessions.
        - Any additional expenses related to Resident Council initiatives, such as resident-led projects or outings.
4. **Project Timeline:**
    - Present a timeline outlining key milestones and activities for establishing and supporting the Resident Council.
    - Include dates for initial Resident Council formation, recruitment of resident representatives, and regular meeting schedules.
    - Specify any training or orientation sessions for both residents and staff involved in the Resident Council.
5. **Sustainability Plan:**
    - Describe the long-term sustainability plan for maintaining and supporting the Resident Council beyond the grant period.
    - Detail how ongoing costs will be covered, including staff time, meeting supplies, and resident engagement efforts.
    - Discuss strategies for increasing resident involvement and ensuring the continued effectiveness of the Resident Council.

6. **Impact and Evaluation:**
    - Outline the criteria and metrics that will be used to evaluate the success of the Resident Council.
    - Describe how the impact on resident empowerment, social interaction, and satisfaction will be measured.
    - Discuss plans for collecting feedback from residents, family members, and staff to assess the Resident Council's effectiveness and identify areas for improvement.
7. **Budget Justification:**
    - Provide a narrative explanation for each budget item, detailing why it is necessary for the success of the Resident Council.
    - Justify the requested grant amount based on the projected costs and the potential impact of empowering residents and enhancing their quality of life through the Resident Council.

Attachments:

- Attach any supporting documents such as Resident Council proposals, meeting agendas, training plans, and letters of support from stakeholders.

Certification: I certify that the information provided in this justification form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

RFA# 67-212
Exhibit H, PCR Testing

Grant Attestation Form: PCR Point-of-Care Testing Unit in Long-Term Care Nursing Facility

Grantee Information:

- Organization/Entity Name: [Grantee Name]
- Contact Person: Contact Email:
  Contact Phone Number:
- Address: [Grantee Address]

Project Overview:

- Title of Project: PCR Point-of-Care Testing Unit in Long-Term Care Nursing Facility
- Purpose of Project: To establish a Point-of-Care PCR testing unit at [Name of Long-Term Care Facility] to enhance infection control measures, facilitate timely diagnosis, and protect the health and safety of residents and staff.
- Total Project Cost: [Total Cost]
- Requested Grant Amount: [Amount Requested]
- Project Start Date: [Start Date]

Justification:

1. **Needs Assessment:**
   - Provide an overview of the current COVID-19 testing protocols and challenges faced.
   - Describe the limitations of external testing facilities, including delays in results, logistical challenges, and increased risk of exposure.
   - Explain the need for a Point-of-Care PCR testing unit to improve infection control, enable rapid diagnosis, and enhance outbreak management within the facility.
2. **Benefits of PCR Point-of-Care Testing Unit:**
   - Highlight the anticipated benefits of establishing a Point-of-Care PCR testing unit.
   - Discuss how on-site testing capabilities will reduce turnaround time for test results, allowing for prompt identification and isolation of COVID-19 cases.
   - Describe how Point-of-Care testing will enhance resident and staff safety, support timely decision-making, and minimize the spread of infection within the facility.
3. **Cost Breakdown:**
   - **Equipment and Supplies:**
     - PCR testing machine: [Cost]
     - Test kits and reagents: [Cost]
     - Personal protective equipment (PPE) for staff: [Cost]
   - **Staff Training and Education:**
     - Training for laboratory technicians: [Cost]
     - Ongoing education for nursing staff on testing protocols: [Cost]
   - **Quality Assurance and Maintenance:**
     - Quality control measures: [Cost]
     - Maintenance and calibration of equipment: [Cost]
4. **Business Model Justification:**
   - Describe the financial feasibility and sustainability of the Point-of-Care PCR testing unit within the long-term care facility.
   - Analyze the potential cost savings and operational efficiencies gained from in-house testing compared to outsourcing testing to external facilities.
   - Outline potential revenue streams, such as reimbursement from insurance providers or government agencies for COVID-19 testing services.
   - Discuss strategies for optimizing resource utilization and minimizing operational costs while maintaining high-quality testing services.
5. **Project Timeline:**
   - Present a timeline outlining key milestones and activities for implementing the Point-of-Care PCR testing unit.

- Include dates for equipment procurement, staff training, regulatory approvals, and full operational readiness.
- Specify any interim testing arrangements or contingency plans during the implementation phase.

6. **Impact and Evaluation:**
    - Outline the criteria and metrics that will be used to evaluate the impact of the Point-of-Care PCR testing unit.
    - Describe how improvements in infection control, outbreak management, and resident/staff safety will be measured.
    - Discuss plans for ongoing monitoring and evaluation of testing efficacy, staff performance, and resident outcomes.
7. **Budget Justification:**
    - Provide a narrative explanation for each budget line item, detailing why it is necessary for the success of the Point-of-Care PCR testing unit.
    - Justify the requested grant amount based on the projected costs and the critical importance of establishing on-site testing capabilities to protect the health and safety of residents and staff.

Attachments:

- Attach any supporting documents such as equipment quotes, training plans, business model projections, and letters of support from stakeholders.

Certification: I certify that the information provided in this justification form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____