

Attachment A North Dakota HCBS Agency Transportation Development Grant Application

The grant application and supporting documentation shall be submitted by email to carechoice@nd.gov.

ABOUT THE ORGANIZATION			
Applicant Medicaid ID or Tax ID:			
Agency/Applicant Name:			
Agency Primary Contact Name:		Agency Mailing Address:	
Agency Phone:		Agency Email Address:	
Your agency's work with Medicaid-funded HCBS			
<i>Provider Type</i>	Are you an existing operating/licensed provider for a minimum of two years? (yes/no) If no, you are not eligible to apply for the grant.	<i>Enter Provider Enrollment Date</i>	<i>Enter the eligible Services (listed below) that you are enrolled to provide.</i>
Agency Qualified Service (QSP) Provider			
Licensed Developmental Disability (DD) Provider			
<p>To be eligible for the grant, an applicant must:</p> <ul style="list-style-type: none"> Be a QSP agency operating for a minimum of two years and intend to enroll or are currently enrolled in at least one of the following services: NEMT, NMT, Residential Habilitation, Community Supports, or Adult Residential services; or be a licensed DD provider for a minimum of two years in one of the following services: Residential Habilitation, Day Habilitation, Small Group Employment, Prevocational Services, Independent Habilitation, or Individual 			

Employment Supports.

- Show proof of means to purchase a vehicle. HHS cannot provide the funds up-front to purchase a vehicle. Reimbursement will only be made after the expense has incurred and the necessary documentation of the purchase is provided to HHS. The vehicle purchased must be ADA compliant and be used to support HCBS-eligible recipients in accessing community activities and services, which may include medical appointments, shopping, and events that promote community engagement and integration.

Expectations of Grantee:

- Meet with the appropriate HHS Program Administrator before the grant begins to review the financial capacity plan, budget, and timeline.
- Enter into a Grant Agreement and abide by 2 CFR Part 200.
- Submit a report of approved services provided for at least one recipient within the contract effective dates.
- Provide evidence of costs incurred as documentation for grant funds.
- Timely response to correspondence from Grantor throughout the grant contract period.
- If Grantee fails to maintain its status as an active enrolled or licensed provider of HCBS services for at least three months after receiving required approval to do so, all grant funds must be returned.

GRANT PROJECT DETAIL

*Please note: You can choose to include your responses as an attachment or within the space provided on the application form. If you are using a separate document to provide information, please note with "See Attached". **Hand-written applications may not be reviewed.***

Amount of Grant Request: \$
(maximum \$75,000)

Agency/Business mission statement/value proposition:

Why are you applying for the grant funds (explain need for funds)?

Which counties or communities do you provide services to currently?

ATTESTATION

- This agency attests that we have the available funds to purchase the vehicle at the cost listed in the Budget Template (Attachment B) and understand that costs will only be reimbursed once required documentation of the purchase is provided. The vehicle purchase must be made within the four-month grant period.

PROJECT IMPLEMENTATION

**Please check the box(es) for the types of service(s) you will be providing:
(Select all that apply)**

QSP SERVICES

- Non-Emergency Medical Transportation (NEMT)
- Non-Medical Transportation (NMT)
- Residential Habilitation
- Community Supports
- Adult Residential Services

DD SERVICES

- Residential Habilitation
- Day Habilitation
- Small Group Employment
- Prevocational Services
- Independent Habilitation
- Individual Employment Supports

Describe the approved services you provide.

Explain how the vehicle will support the delivery of your approved services by detailing its use in helping eligible individuals access medical care, essential community services, and community engagement activities that promote integration.

Describe your plan to promote the use of the vehicle for one of the approved services.

Who will be responsible for the project implementation? Briefly describe their experience/background.

Describe how you plan to purchase the vehicle outright as grant funds can only be used to reimburse for allowable expenses.

For a maximum of 20 bonus points, describe how your agency intends to expand your service territory providing one or more of the qualifying services.

Signature:

Date:

