



Civil Monetary Penalty (CMP) Reinvestment Project Proposal Summary

All CMP Reinvestment projects inquiries will complete the proposal summary form below.

I. Applicant Contact Information

a. Organization Name	
b. Project Name	
c. Primary Contact Person	
d. Email Address	
e. Phone Number	

II. Project Proposal- Success History

Proposal implementation and approval in other states.

Has your organization received approval and implemented this project in other states?
 Yes No

III. Project Proposal Summary- Details

Please provide the requested details of the proposed CMP Reinvestment Project.

a. Select the appropriate CMP Category for the proposed project.

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b. Describe the problem the proposed project will address.

c. List each goal of the project and how each goal's success will be measured.

<u>Goal</u>	<u>Techniques/Tools for Goal Tracking</u>

d. List the primary steps or methods you will use to meet the identified goals above.

e. Brief summary of your outreach details for the Nursing Facility/Facilities expected to be included in this proposed project.

f. Explain sustainability beyond the end of the proposed project year.

IV. Project Proposal Summary- Costs

Please provide the requested funding for the proposed project.

a. Number of Participating Nursing Facilities in Proposed Project <i>(estimated number)</i>	
b. Term of Proposed Project, i.e. 1 year 3 months	
c. Estimated Total Cost of Proposed Project	

Thank you for your proposed project summary.

The Louisiana Department of Health (LDH) considers project proposals based upon their relevance to department priorities and the budget constraints in place at the time of submission.

If LDH wishes to pursue the project, additional details will be provided at that time regarding the CMP Reinvestment Program application and budget template.