

Applicant Name or Organization	
Name of Primary Contact	
Email of Primary Contact	
Telephone Number of Primary Contact	
Date of Submission	

Project Summary

Please submit a brief description of the project (no more than 2 pages) for which you are seeking CMP funds that answers the questions below.

- What problem does the proposed project address?
- What are the goals of the project, and how will you know you have reached them?
- What are the primary steps or methods that you would use to accomplish the goals?
- How will the project benefit nursing home residents?
- Has this project been approved and implemented in another state? If so, please provide details and contact information for the project monitor in that state.
- What is your personal or organizational capacity to carry out the proposal?
- How much funding are you seeking?

If the Department determines that the project should move forward for CMS approval, you will be contacted about completing a more extensive application and entering into a contract with the Department.