

Applicant/Organization:			
Address:			
Telephone:	()	Fax:	()
Medicaid provider number (If applicant is a nursing facility):			
Contact:	Phone: ()		
	Fax: ()		
	E-mail:		
Purpose and Summary: <i>Project Title, Purpose and Project Summary:</i>			

Expected Outcomes:

Short description of the intended outcome, deliverables, sustainability, anticipated completion date:

Results Measurement:

A description of the methods by which the project results will be assessed (including specific measures):

Benefits to Nursing Home Residents:

A brief description of the manner in which the project will benefit nursing home residents:

Non-Supplanting:

A description of the manner in which the project will not supplant existing responsibilities of the nursing home to meet existing Medicare/Medicaid requirements or other statutory and regulatory requirements:

Consumer and other Stakeholder Involvement:

A brief description of how the nursing home community (including residents and/or family councils and direct care staff) will be involved in the development and implementation of the project:

Funding:

The specific amount of CMP funds to be used for this project, the time period of such use and an estimate of any non-CMP funds that the State or other entity expects to be contributed to the project:

By signing this application, the applicant agrees to abide by the terms and conditions as specified in the CMP Fund Project guidelines.

Signature:

Date:

INSTRUCTIONS FOR SUBMITTING THE CMP APPLICATION:

The application can be mailed to:

**Office of Health Facility Licensure and Certification
408 Leon Sullivan Way
Charleston WV 25301-1713**

C/O - CMP COMMITTEE

OR

BY E-MAIL TO: DHHROHFLACAdmin@wv.gov