

## COVID-19 In Person Visitation Aid Application

**2. Eligibility Guidelines** – confirm this project meets criteria outlined in Section 1.

Yes       No

**3. Applicant Contact and Background Information**

Organization Contact Information	
Contact:	
Name:	
Phone:	
Email:	
Address:	
State:	

**4. Total CMP Fund Request Amount**

Note: this amount should match the total cost of the items in section 5 below, in addition to items in the addendum (section 7).

**5. Budget**

Applicants must provide a line-item budget for all items, broken down per facility, for which CMP funding is requested. All items must directly relate to in-person visitation aids.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Visitation Aids (e.g., tents, clear dividers, installation, installation materials, shipping costs, and/or indoor portable fans, indoor portable air cleaners, shipping costs)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
<b>TOTAL PROJECT COST</b>						

If the project includes more items than will fit in the table above or the addendum section below, please provide a complete record in an Appendix.

**6. Attestation Statement**

CMP funds have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. **Applicants cannot use the standard CMP application process to supplement their visitation aid request to obtain additional in-person visitation aids in excess of the \$3,000 maximum limit for tents and clear dividers, and/or \$3,000 maximum limit for indoor portable fans and/or indoor portable air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality.** By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of the Applicant (print):	
Date of Signature:	
Signature of the Applicant:	

