

## Vermont Home and Community-Based Services (HCBS) Grant Opportunity Application Checklist

Thank you for taking the time to gather necessary materials for the HCBS Grant Opportunity application from the Vermont Agency of Human Services (AHS). The following is a checklist to help you prepare to complete the application. The sections are broken out by provider type and grant track. Please note that not all items on the checklist may be applicable to your organization or intended grant track. The application takes approximately 2 hours to complete if all information and documentation is gathered prior to entering content.

This checklist is not a comprehensive list of every question in the application; rather, these are the materials and questions that we recommend preparing in advance. Organizations are encouraged to preview the full application, which is available on the [HCBS Grant Opportunity website](#).

Questions are best directed to: [AHS.HCBSGrants@vermont.gov](mailto:AHS.HCBSGrants@vermont.gov)

### PROVIDER DOCUMENTATION REQUIREMENTS BY PROVIDER TYPE

Provider Type	Documentation Requirements
<b>HCBS Provider Organization</b>	<input type="checkbox"/> MOU or Letter of Intent if partnering with a Hospital, Community Health Center, or Healthcare Organization, System, or Network. <input type="checkbox"/> National Provider Identifier (NPI) Number <input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)
<b>Community-Based Organization</b>	<input type="checkbox"/> Letter of Partnership or MOU with an HCBS provider organization (if applicable) <input type="checkbox"/> National Provider Identifier (NPI) Number (if Medicaid provider) <input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)
<b>Provider Membership Organization</b>	<input type="checkbox"/> Letter(s) of commitment from HCBS providers <input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)
<b>Educational Institution</b>	<input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)
<b>School District or School</b>	<input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)
<b>Workforce Development Organization</b>	<input type="checkbox"/> Unique Entity Identifier (from SAM.GOV, 12-character alphanumeric UEI) <input type="checkbox"/> Form W-9 (NOTE: this form must be submitted via email)

**GRANT PROPOSAL NARRATIVE QUESTIONS FOR ALL TRACKS (NOTE: IF APPLYING FOR MULTIPLE GRANT TRACKS, YOU WILL NEED TO PREPARE A FULL PROPOSAL FOR EACH TRACK)**

Section	Narrative Questions
<b>Grant Proposal(s)</b>	<p><input type="checkbox"/> Title of your grant track proposal(s)</p> <p><input type="checkbox"/> Provide a brief overview of your grant track proposal(s) including how it expands, enhances, or strengthens HCBS in Vermont. (250 word maximum)</p> <p><input type="checkbox"/> Provide an explanation of the issues your grant proposal(s) seeks to address (250 word maximum)</p> <p><input type="checkbox"/> Who do you intend to benefit from this project? About how many people (general estimate) do you think will benefit from this project? (200 word maximum)</p> <p><input type="checkbox"/> If applicable, clearly outline the roles and contributions of each partner organization in the project. Explain how their expertise, resources, and support will enhance the project's implementation and outcomes. (500 word maximum)</p> <p><input type="checkbox"/> Describe how your proposal(s) reduce/address health disparities or improve health equity? (250 word maximum).</p> <p><input type="checkbox"/> List the major milestones you expect to achieve throughout the project's(s') duration. Break down your project(s) into specific activities and assign estimated start and end dates for each.</p> <p><input type="checkbox"/> Please briefly highlight the key challenges you believe your organization(s) will encounter in implementing your proposed project(s). (250 word maximum)</p>
<b>Budget</b>	<p><input type="checkbox"/> Provide a detailed budget (or budgets, if applying for multiple tracks). Please, round up all amounts to the nearest dollar. Categories to include:</p> <ul style="list-style-type: none"> <li>• Personnel Services such as salaries, fringe, and contracted staff</li> <li>• Operating Expenses such as travel, office expenses, facilities, equipment, and other expenses</li> <li>• Indirect charges (10%)</li> </ul> <p><input type="checkbox"/> For each budget category, provide a detailed explanation of the costs, including item descriptions, quantities, unit costs, and the total cost for each item.</p> <p><input type="checkbox"/> Is your organization (and/or partner organization) receiving or requesting any additional funding from AHS, its departments, or the federal government for the same purpose(s)? If yes, provide explanation. (200 word maximum)</p> <p><input type="checkbox"/> If applicable, please explain how you plan to support ongoing operating expenses beyond the grant award period. If a sustainability plan or funding source has not been identified, please describe what steps or strategies you will take to meet ongoing funding needs. (250 word maximum)</p> <p><input type="checkbox"/> Indicate any match funding or additional resources, including in-kind (if applicable), that will be contributed to the project and how they will be utilized. (150 word maximum)</p>
<b>Risk Assessment</b>	<p><input type="checkbox"/> Responses to the <a href="#">Federal Subrecipient Risk Checklist</a>.</p>

## GRANT PROPOSAL NARRATIVE QUESTIONS BY TRACK

Grant Track	Narrative Questions
<b>Infrastructure Improvements</b>	<p><input type="checkbox"/> Provide the total grant amount(s) you are requesting (Minimum amount \$50,000 – Maximum amount \$1,800,000)</p> <p><input type="checkbox"/> Which of the following Infrastructure Improvement track goals does your proposal address? (Multiple-choice question)</p> <ul style="list-style-type: none"> <li>• Enhance Service Delivery</li> <li>• Expand Service Capacity</li> <li>• Bolster HCBS System Stability</li> </ul> <p><input type="checkbox"/> How will you measure the impact of your proposal on the selected goal(s)? Please provide at least 2 metrics that you will use to evaluate the impact. (500 word maximum)</p> <p><input type="checkbox"/> Please select which setting your proposal applies to: (Multiple-choice question)</p> <ul style="list-style-type: none"> <li>• Setting that is fully compliant with the HCBS Settings Criteria;</li> <li>• Setting that will become fully compliant with the HCBS Settings Criteria due to improvements funded through this grant opportunity;</li> <li>• Setting related to the delivery of Medicaid State Plan services in community-based non-residential settings.</li> </ul> <p><input type="checkbox"/> List the activities that will be a part of the project. Explain how these activities align with the grant track's goals and objectives. (500 word maximum)</p> <p><input type="checkbox"/> Does this project comply with relevant regulations, safety standards, and building codes including the ADA? Please include any evidence of adherence to these requirements as an addendum to this application.</p> <p><input type="checkbox"/> Does this project increase energy efficiency?</p> <p><input type="checkbox"/> From which types of entities will you require assistance (e.g., architects, contractors) for your Infrastructure Improvements? If you have entities identified, please list them.</p> <p><input type="checkbox"/> Infrastructure Improvement projects are required to include 3<sup>rd</sup> party cost estimates for the scope of work (e.g., project quote from a contractor, Kelly Blue-Book estimate for a vehicle). Attach any bid/pricing information.</p>
<b>Workforce Development</b>	<p><input type="checkbox"/> Total grant amount(s) you are requesting (Minimum amount \$50,000 – Maximum amount \$1,000,000)</p> <p><input type="checkbox"/> Which of the following Workforce Development track goals does your proposal address? (Multiple-choice question)</p> <ul style="list-style-type: none"> <li>• Expand training support and professional development opportunities</li> <li>• Foster employee recruitment, retention, and growth</li> <li>• Reduce administrative burden, improve staff experience, and enhance productivity through the purchase of equipment, software, and secure technology</li> </ul> <p><input type="checkbox"/> How will you measure the impact of your proposal on the selected goal(s)? Please provide at least 2 metrics that you will use to evaluate the impact. (500 word maximum)</p> <p><input type="checkbox"/> List the activities, modalities, and/or training title(s) that will be a part of the project. Explain how these activities align with the grant track's goals and objectives. If a training will be provided, please include any available training description/syllabus as a website link or as an addendum to this application. (500 word maximum)</p>

Grant Track	Narrative Questions
<b>Care Model Innovation</b>	<input type="checkbox"/> Total grant amount(s) you are requesting (Minimum amount \$50,000 – Maximum amount \$1,300,000) <input type="checkbox"/> Which of the following Care Model Innovation track goals does your proposal address? (Multiple-choice question) <ul style="list-style-type: none"> <li>• Improve health and functional outcomes and enhance quality of life by addressing the Health-Related Social Needs of people with HCBS needs.</li> <li>• Reduce health disparities and inequities for individuals that use HCBS by implementing targeted interventions to improve outcomes for marginalized communities or populations that face health disparities.</li> <li>• Improve health and functional outcomes and enhance quality of life through implementation or expansion of evidence-based and evidence-informed health and wellness programs for individuals that use HCBS.</li> <li>• Improve care integration and continuity of care for people that use HCBS and have complex healthcare needs.</li> </ul> <input type="checkbox"/> How will you measure the impact of your proposal on the selected goal(s)? Please provide at least 2 metrics that you will use to evaluate the impact. (500 word maximum) <input type="checkbox"/> List the activities that will be a part of the project. Explain how these activities align with the grant track's goals and objectives. If your proposal includes evidence-based or evidence-informed models, please include links or additional information in the addendum to this application. (500 word maximum) <input type="checkbox"/> If applicable, please describe what services are included in your proposed care model and the qualifications of the providers who deliver those services. (500 word maximum)
<b>Organizational Performance Improvement and Compliance</b>	<input type="checkbox"/> Total grant amount(s) you are requesting (Minimum amount \$30,000 – Maximum amount \$600,000) <input type="checkbox"/> Which of the following Organizational Performance Improvement and Compliance track goals does your proposal address? (Multiple-choice question) <ul style="list-style-type: none"> <li>• Adoption of Best Practices to Improve HCBS Access and Quality;</li> <li>• Improved Organizational Functioning</li> <li>• Strengthened Partnerships</li> <li>• Compliance with State and Federal Requirements</li> </ul> <input type="checkbox"/> How will you measure the impact of your proposal on the selected goal(s)? Please provide at least 2 metrics that you will use to evaluate the impact. (500 word maximum) <input type="checkbox"/> List the activities that will be a part of the project. Explain how these activities align with the grant track's goals and objectives. (500 word maximum) <input type="checkbox"/> Optional: Please attach your organization's strategic plan, if applicable, as an addendum to this application to help the Agency of Human Services better understand how your proposal aligns with organizational priorities.