

**Wyoming State Survey Agency  
Wyoming Department of Health  
Healthcare Licensing and Surveys**

**Application Process for Civil Money Penalty (CMP)  
Reinvestment Funds**

Applicants shall complete the attached application and e-mail the completed document to the Wyoming State Survey Agency (SSA), Healthcare Licensing and Surveys (HLS) at [wdh-ohls@wyo.gov](mailto:wdh-ohls@wyo.gov). HLS will forward the application to the Wyoming CMP Reinvestment Committee which consists of representatives from HLS, Medicaid, the LTC Ombudsman Program, Wyoming Health Care Association, Wyoming LeadingAge, Mountain Pacific Quality Health, and whenever possible, a nursing home resident. A meeting with committee members will be scheduled within 20 business days of receipt of the application.

The Wyoming CMP Reinvestment committee will review the application and make an initial determination as to whether the project will benefit or protect nursing home residents and if the required criteria included in 42 CFR 488.433 and Center for Medicare and Medicaid Services (CMS) Survey and Certification Memo 12-13-NH were followed. The committee will also verify there are adequate CMP funds to fund the request. The committee will make a recommendation to the SSA for initial approval or disapproval of the project. The project point of contact will be notified in writing whether or not the project received initial approval, or the specific reasons why the proposal needs to be amended based on the CMS criteria.

When a project receives initial approval by the Wyoming CMP committee, the following steps will be taken:

- 1) The SSA will submit the initially approved CMP application to the Denver CMS Branch Location;
- 2) The CMS Denver Branch Location may forward the application to the Civil Monetary Penalty Reinvestment (CMPRP) Team for their review;
- 3) The CMS Denver Branch Location and/or the CMPRP team will review the application against the required criteria included in 42 CFR 488.433 and CMS Survey and Certification Memo 12-13-NH. The Denver CMS Branch Location will notify the SSA point of contact if additional information is needed;
- 4) The SSA will notify the applicant if CMS/CMPRP requests an amended application or additional information;
- 5) The SSA point of contact will respond to CMS and provide an updated application;

- 6) The Denver CMS Branch Location will make the final decision to approve or deny the application and will notify the SSA of their decision.

When a project is approved by CMS, both the applicant and the Wyoming CMP Committee will be notified. The approved applicant must:

- 1) Follow the State of Wyoming contract requirements;
- 2) Submit periodic reports as required by the SSA, including the metrics outlined in the application; and
- 3) Submit a final report.

Resources can be found at the CMS Civil Money Penalty Reinvestment web page:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

# Civil Money Penalty (CMP) Reinvestment Application Template

## Date of Application Submission to Wyoming State Survey Agency:

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### Instructions

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Please refer to the CMP Reinvestment Application Resource Guide when completing this application. Applicants shall submit this CMP Reinvestment Application request to the applicable state agency (SA) for initial review. SAs shall make an initial determination on the potential of the project to benefit nursing home residents and protect or improve their quality of care or quality of life. Once the state determines the application meets state requirements and CMS guidance, SAs will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Branches for review and approval. After a determination by the SA and CMS Branch, the applicant will be notified of the funding determination. Applicants may contact the applicable SA with questions regarding their CMP Reinvestment Application.

Periodic reports may be required by each SA. Project outcomes, including the metrics provided in this application, must be reported at the completion of the project period. In order to maintain compliance with 42 CFR 488.433, at a minimum, SAs will make information about the use of CMP funds publicly available, including the dollar amount, recipients, and results of the project.

Note: Applications that are an extension of an approved CMP reinvestment project to new nursing home location(s) do not have to complete the entire application. **A project is considered an "extension project" if it is identical in project details to a project approved after April 1, 2018** (same applicant, same project focus, but to a new nursing home population). For extension projects, applicants must submit the approval letter for the approved CMP reinvestment project and complete the following sections: Applicant Contact and Background Information (sections 1-2a, and 6); Funding (sections 7-9); Project Title (section 10), Number of Nursing Homes (section 10b), Previous Unique Identifier(section 10c - if applicable); Project Time Period (section 11); Partnering Entities (section 15 for non-nursing home applicants and section 16 for all applicants, if appropriate), and Attestation (section 22). Additionally, the applicant must submit results of the previously approved and completed project (if applicable), with confirmation by the SA. The frequency that the applicant submits CMP project results for review by the SA, is at the discretion of the SA and can be as early as 3 months on a 12-month project. Results must show that an applicant met the project's goals and objectives for an application extension to occur. An applicant submitting an extension project must include a letter or email from the original state agency(ies) of the previously approved, CMP-funded project. In the letter or email, the SA needs to state whether the previous applicant met project goals and objectives, and whether the SA recommends expanding this applicant's project to other nursing homes.

### Project and Applicant Requirements

#### Projects cannot:

- Exceed three years;
- Include items or services that are not related to improving the quality of life and care of nursing home residents or to protecting such residents. For example, projects where the need or demand for services provided by the project does not exist, and projects where nursing home residents are not the target beneficiaries or the nursing home setting is not the focus of the project;
- Include research as a focus as the benefit to nursing home residents is unknown or concentrated on

the research entity, or a large portion of the budget does not directly benefit nursing home residents;

- Include funding for capital improvements to a nursing home (e.g., replacing a boiler, redesign of a nursing home, landscaping, parking lot or sidewalk construction);
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, staff travel and lodging expenses, required staff training, required medical equipment, food);
- Include funding for survey and certification operations or state expenses;
- Include funding for refreshments;
- Include funding for incentives (e.g., for attending training or completing a survey—this includes items such as payments or gift cards);
- Include unclear or excessive expenses (e.g., budget items that are not clearly detailed or itemized, unreasonably high project staff salaries or travel expenses, excessive staff to implement a project, unreasonable marketing of projects, high indirect costs, or a large portion of the budget set aside for evaluation);
- Include supplementary or duplicative federal or state funding (e.g., personnel performing the same duties as Ombudsman, nurse aide training programs); and
- Be resubmitted after CMS disapproval/denial.

**Applicants must:**

- Be qualified and capable of carrying out the intended project(s) or use(s);
- Not have a conflict of interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s); and
- Not be paid by a state or federal source to perform the same function as the project(s) or use(s) (e.g., CMP funds may not be used to enlarge or enhance an existing appropriation or statutory purpose that is substantially the same as the intended project(s) or use(s))

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## Applicant Contact and Background Information

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### 1. Applicant Contact Information

Provide the contact information for the CMP project applicant (individual) who completed the application. If the primary point of contact (POC) is different than the POC who completed the application, please provide the primary POC's name and contact information. The primary POC is defined as the person responsible for project implementation.

<i>Applicant Contact Information</i>	<i>Primary Point of Contact (if different)</i>
Name:	Name:
Phone:	Phone:
Email:	Email:
Address:	Address:

### 2. Applicant Organization Information

Provide the contact information for the organization requesting CMP funds. The organization or nursing home which requests CMP funding is accountable and responsible for all CMP funds granted. If a change in ownership occurs after CMP funds are granted or during the course of the project, the primary POC should notify the SA. Notice regarding the change in ownership and its impact on the CMP Reinvestment Application award should be sent to the SA.

<i>Organization Contact Information</i>
Name:
Phone:
Email:
Address:
National Provider Identifier:

**2a. Is the organization a nursing home?**

<i>Nursing Home-Specific Questions</i>			
Is any outstanding civil money penalty (CMP) due?	Yes	No	N/A
Is the nursing home in bankruptcy or receivership?	Yes	No	N/A

**3. Organization History**

Provide the background and history of the applicant organization, including details such as the organization’s mission statement and number of years in service.

**4. Organization Capabilities**

Provide information about the organization’s capabilities, including products and services relevant to the proposed CMP project.

**5. Organization Website**

Provide the website address for the organization requesting CMP funds, if available.

**6. Other Funding Sources**

Have other funding sources been applied for and/or granted for this proposal or project?

If yes, please explain and identify the funding sources and amount in the space below.

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## Funding

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### 7. Total CMP Fund Requested Amount

Provide the amount requested for the entire project. For example, if it is a three-year project and requires \$25,000 per year, then enter \$25,000 as the annual project cost and \$75,000 as the total project cost. If requesting \$25,000 for a one-year project, then enter \$25,000 as both the annual and total cost. Include the total amount of non-CMP funds received for the project, as described above in "Other Funding Sources."

Annual Amount Requested: \$

Total Amount Requested: \$

Total non-CMP funds received (or anticipated) for this project: \$

### 8. Detailed Line Item Budget

Applicants must provide a detailed line item budget (using the CMP Reinvestment Budget Template or similar spreadsheet) outlining specific cost requirements within each of the following budget categories:

- Personnel: an employee of the organization whose work is tied to the proposed project;
- Travel: provide mileage, lodging and per diem as applicable;
- Equipment purchases and rentals: materials central to the roll out of the project;
- Contractual: the cost of project activities to be undertaken by a third-party contractor. Each contractor should be budgeted separately;
- Other direct costs: expenses not covered in any of the previous costs;
- Total indirect costs: overhead costs allocable to the project such as a negotiated rate with an university; and
- Cost-sharing: total non-CMP funds received or anticipated for this project.

Is the CMP Reinvestment Budget Template or similar spreadsheet outlining specific cost requirements within each summary budget category attached?



**9. Budget Narrative**

Use the space below to justify indirect costs and cost-sharing amounts included in the CMP Reinvestment Budget Template or similar spreadsheet. Explain the costs calculation and methodology.

[Empty box for budget narrative]

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## Project Details

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**10. Project Title:**

**10a.**

Is this project an extension of a CMP reinvestment project approved after April 1, 2018 to a new nursing home location?	Yes	No
If yes, have the results of the previously approved project been reported to the state agency?	Yes	No

Note: If yes to both questions, applicant must submit the results of the project as an attachment to this application.

**10b. Number of Nursing Homes:**

Please enter the number of nursing homes that will be supported by this application.

Number of Nursing Homes:

**10c. Previous Unique Identifier:**

Please provide the unique identifier (UID) of the original CMP project and the dates of execution (Arbitrary UID for reference: TX-0121-AAA-111).

UID:

Dates:

**11. Project Time Period**

Number of Years:

Specific Dates Proposed for the Project:

**12. Project Category**

Please indicate one category this project should be considered (please see the CMP Reinvestment Application Resource Guide for more information):

- Consumer Information
- Resident or Family Council
- Direct Improvements to Quality of Care
- Culture Change/Direct Improvements to Quality of Life
- Training
- Other, please specify:

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## Summary of Project and Benefits to Residents

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### 13. Summary of the Project and its Purpose

Describe (a) the problem or gap this project is aiming to address, (b) project goals and/or objectives, and (c) the plan to implement the project, including implementation timeline.

### 14. Benefit to Nursing Home Residents

Describe how this project will directly benefit nursing home residents. CMP funds shall only be used for activities that benefit nursing home residents and that protect or improve their quality of care or quality of life.

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## Partnering Entities

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### 15. Nursing Home and Community Involvement

Describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.

If the organization applying is not a nursing home, include letters of support in the application submission to demonstrate nursing home support and buy-in for the proposed project.

### 16. Other Partnering Entities

If applicable, list any other entity(ies) (e.g., individuals, organizations, associations, facilities) that will be partnering with the applicant on this project, how much funding the entity will be receiving (if any), and the specific deliverables for which the entity is responsible.

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## Deliverables, Risks, Performance Evaluation, Sustainability

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### 17. Project Deliverables

List any physical items that will be deliverables as a result of funding this project (e.g., electronics, training materials, curricula).

### 18. Performance Monitoring and Evaluation

Describe how the project's performance will be monitored or evaluated, including specific outcome metrics, and the intended outcomes. These metrics shall be submitted upon completion of the project or as frequently as required by the SA.

**19. Duplication of Effort**

Describe how the project does not duplicate existing requirements for the nursing home or other federal or state services.

**20. Risks**

Describe potential risks or barriers associated with implementing this project and the plan to address these concerns.

**21. Sustainability**

Describe how the project or outcomes will be sustained after CMP funding concludes.

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## Attestation

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### 22. 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. 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):

Signature of the Applicant:

Date of Signature:

Below is an example of a Budget Worksheet. If you want to use this Budget Worksheet, it is located at: <https://health.wyo.gov/aging/hls/civil-money-penalty-reinvestment-funds/>

## INSTRUCTIONS

Applicants must provide the following three elements as part of the budget submission:

- |    |  |
|----|--|
| A. | Summary Budget (Sheet 2)   |
| B. | Detailed Line Item Budget: Direct and Indirect Costs (Sheet 3, Sheet 4, Sheet 5) |
| C. | Budget Narrative (CMP Reinvestment Application or as a separate attachment)      |

### Limitations

This file does not lock the built in formulas or have rules built in to limit entries.
To use this file as intended, only enter information into the white cells. Gray and blue cells include formulas that auto-populate

**Summary Budget (Sheet 2) auto-fills from Sheet 3 (Year 1), Sheet 4 (Year 2), and Sheet 5 (Year 3)**

### Detailed Line Item Budget - Sheet 3 (Year 1), Sheet 4 (Year 2), and Sheet 5 (Year 3)

- |   |   |
|---|---|
| ✓ | The budget should be for the entire project period.   |
| ✓ | Indirect costs and cost-sharing amounts must be described in the <b>budget narrative</b> included in the CMP Reinvestment Application or as a separate attachment. The budget narrative should justify each cost not explained in the budget. |

*The Budget Template provided contains elements common to most applications presented in the correct format; however, it is not exhaustive. Please populate the Budget Template to reflect all planned expenditures.*

### Section Topics and Instructions

<p><b>Personnel:</b> Identify staffing requirements by each position title and brief description of duties. List monthly salary of each position, percentage of time and number of months devoted to project, and fringe if applicable. For fringe benefits, explain in the justification column how benefits are computed. Fringe rate should be supported by organization's policies and procedures (e.g., Administrative Director: \$30,000/year x 25% level of effort x 8.5 months with 10% fringe; <u>calculation</u>: <math>\\$30,000/12 = \\$2,500 \times 25\% \times 8.5 \text{ months} = \\$5,312 \times 1+10\% = \\$5,843</math>). For percent effort for the project and the fringe rate, enter whole numbers only, and add a "%" sign after the number - e.g., "60%."</p>
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<p><b>Travel:</b> If applicable, identify staff travel requirements for domestic U.S. and international travel, including per diem rates broken out by lodging and meals and incidental expenses (M&amp;IE). Per diem rates must be reasonable. Examples of reasonable rates include but are not limited to the published U.S. government allowance rates (available from the <a href="http://www.gsa.gov">www.gsa.gov</a> website). Include comprehensive justification for rates that exceed GSA guidelines.</p>
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<https://www.gsa.gov/travel-resources>

<p><b>Equipment/Rentals:</b> If applicable, provide justification for any equipment purchase/rental. Note that any item that is determined to be a capital expenditure is not an allowable use of CMP funds.</p>
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<p><b>Contractual:</b> Provide a detailed line item breakdown for each sub-project/contract and describe specific services. Include consultant costs in this line item.</p>
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Other Direct Costs: These will vary depending on the nature of the project. Justify each in the budget narrative. Detail items separately using unit costs and the percentage of each unit cost being charged to the project (e.g., telephone: \$50/month x 50% = \$25/month x 12 months) for other direct costs.

Indirect Charges: Overhead costs allocable to the project, such as a negotiated rate with a university. Rate should reflect the lowest possible rate obtainable that does not hinder project activities.

### **Cost-Sharing**

Cost-sharing is the portion of project costs not covered by CMP funds. In general, applications that include in-kind and/or cash contributions demonstrate a commitment to the project and greater cost effectiveness. Applicants should consider all types of cost-sharing. Examples include the use of office space owned by other entities; donated or borrowed supplies and equipment; (non-federal) sponsored travel costs; waived indirect costs; and program activities, translations, or consultations. Other federal funding does not constitute cost-sharing. If cost-sharing is included, it should be listed for each year of the project. If the proposed project is a component of a larger program, identify other funding sources for the proposal, and indicate the specific funding amount to be provided by those sources. Any amounts entered as cost-sharing will be subtracted from the total amount of requested CMP funds.

**SUMMARY BUDGET (Auto Fills, Do Not Enter Data)**

*Organization Name*

*Project Duration: [Start Date] - [End Date]*


<b>Sections</b>	<b>Project Costs</b>
<b>1 Personnel</b>	\$ -
<b>2 Travel</b>	\$ -
<b>3 Equipment Purchase/Rentals</b>	\$ -
<b>4 Contractual</b>	\$ -
<b>5 Other Direct Costs</b>	\$ -
<b>6 Total Direct Costs</b>	\$ -
<b>7 Total Indirect Costs</b>	\$ -
<b>8 Total Project Costs</b>	\$ -
<b>9 Total Cost-Sharing with Non-CMP funds (if applicable)</b>	\$ -
<b>10 Total CMP Funds Requested</b>	\$ -

**LINE ITEM BUDGET (Year 1) Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.**

Organization Name	
Project Duration: [Start Date] - [End Date]	

**1. Personnel** (Description: An employee of the organization whose work is tied to the proposed project)

Position/ Name of person (if available)	Monthly salary rate	# of Months	% Effort for Project	Fringe Rate (%)	Total Project Costs (Monthly Salary X # of months X % Effort X % Fringe Rate)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
1.1 Job Title #1					\$ -	
1.2 Job Title #2					\$ -	
1.3 Job Title #3					\$ -	
1.4 Job Title #4					\$ -	
1.5 Job Title #5					\$ -	
1.6 Job Title #6					\$ -	
1.7 Job Title #7					\$ -	
1.8 Job Title #8					\$ -	
1.9 Job Title #9					\$ -	
<b>1. Personnel Subtotal</b>					\$ -	

**2. Travel** (Description: Provide mileage, lodging, and per diem as applicable. The lowest available commercial fares for coach or equivalent accommodations must be used. Generally, the unit of measure should be the number of trips)

Travel Expense	Item Description	Number of Miles/Nights/Days	Rate	Number of Units	Total Project Costs (No. of Days x Rate x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
2.1 Mileage					\$ -	
2.2 Mileage					\$ -	
2.3 Mileage					\$ -	
2.4 Mileage					\$ -	
2.5 Mileage					\$ -	
2.6 Lodging					\$ -	
2.7 Lodging					\$ -	
2.8 Lodging					\$ -	
2.9 Lodging					\$ -	
2.10 Lodging					\$ -	
2.11 Per Diem					\$ -	
2.12 Per Diem					\$ -	
2.13 Per Diem					\$ -	
2.14 Per Diem					\$ -	
2.15 Per Diem					\$ -	
<b>2. Travel Subtotal</b>					\$ -	

**3. Equipment Purchase/Rentals** (Description: Materials central to the roll out of the project and may also include room rentals for hosting an event. Generally, the unit of measure will be a piece of equipment.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
3.1				\$ -	
3.2				\$ -	
3.3				\$ -	
3.4				\$ -	
3.5				\$ -	
3.6				\$ -	
3.7				\$ -	
3.8				\$ -	
3.9				\$ -	
3.10				\$ -	
3.11				\$ -	
3.12				\$ -	
3.13				\$ -	
3.14				\$ -	

**LINE ITEM BUDGET (Year 1) Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.**

Organization Name						
Project Duration: [Start Date] - [End Date]						
3.15				\$	-	
3.16				\$	-	
3.17				\$	-	
3.18				\$	-	
3.19				\$	-	
3.20				\$	-	
<b>3. Equipment/Rentals Subtotal</b>					\$	-

**4. Contractual** (Description: The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. Generally, the unit of measure will be the period of performance.)

Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)	
4.1				\$	-	
4.2				\$	-	
4.3				\$	-	
4.4				\$	-	
4.5				\$	-	
4.6				\$	-	
4.7				\$	-	
4.8				\$	-	
4.9				\$	-	
<b>4. Contractual Subtotal</b>					\$	-

**5. Other Direct Costs** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)	
5.1				\$	-	
5.2				\$	-	
5.3				\$	-	
5.4				\$	-	
5.5				\$	-	
5.6				\$	-	
5.7				\$	-	
5.8				\$	-	
5.9				\$	-	
5.10				\$	-	
5.11				\$	-	
5.12				\$	-	
5.13				\$	-	
5.14				\$	-	
5.15				\$	-	
5.16				\$	-	
5.17				\$	-	
5.18				\$	-	
5.19				\$	-	
5.20				\$	-	
<b>5. Other Direct Costs Subtotal</b>					\$	-

**6. Total Direct Costs**

<b>Sum of Subtotal Costs from #1-#5 above</b>	<b>Total Direct Costs</b>	\$	-
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**7. Total Indirect Costs**

LINE ITEM BUDGET (Year 1) Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.		
Organization Name		
Project Duration: [Start Date] - [End Date]		
Overhead costs allocable to the project such as a negotiated rate with a university.	Total Indirect Costs	
	\$ -	
<b>8. Cost-Sharing</b>		
Total Non-CMP funds received or anticipated for this project	Total Cost-Sharing	
<b>9. Total Costs</b>		
Sum of Direct and Indirect Costs from #6-#7 above, minus Total Non-CMP funds from #8	Total Project Cost	
	\$ -	

**LINE ITEM BUDGET (Year 2)** Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.

Organization Name \_\_\_\_\_  
 Project Duration: [Start Date] - [End Date] \_\_\_\_\_

**1. Personnel** (Description: An employee of the organization whose work is tied to the proposed project)

Position/ Name of person (if available)	Monthly salary rate	# of Months	% Effort for Project	Fringe Rate (%)	Total Project Costs (Monthly Salary X # of months X % Effort)x%Fringe Rate)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
1.1 Job Title #1					\$ -	
1.2 Job Title #2					\$ -	
1.3 Job Title #3					\$ -	
1.4 Job Title #4					\$ -	
1.5 Job Title #5					\$ -	
1.6 Job Title #6					\$ -	
1.7 Job Title #7					\$ -	
1.8 Job Title #8					\$ -	
1.9 Job Title #9					\$ -	
<b>1. Personnel Subtotal</b>					\$ -	

**2. Travel** (Description: Provide mileage, lodging, and per diem as applicable. The lowest available commercial fares for coach or equivalent accommodations must be used. Generally, the unit of measure should be the number of trips. )

Travel Expense	Item Description	Number of Miles/Nights/Days	Rate	Number of Units	Total Project Costs (No. of Days x Rate x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
2.1 Mileage					\$ -	
2.2 Mileage					\$ -	
2.3 Mileage					\$ -	
2.4 Mileage					\$ -	
2.5 Mileage					\$ -	
2.6 Lodging					\$ -	
2.7 Lodging					\$ -	
2.8 Lodging					\$ -	
2.9 Lodging					\$ -	
2.10 Lodging					\$ -	
2.11 Per Diem					\$ -	
2.12 Per Diem					\$ -	
2.13 Per Diem					\$ -	
2.14 Per Diem					\$ -	
2.15 Per Diem					\$ -	
<b>2. Travel Subtotal</b>					\$ -	

**3. Equipment Purchase/Rentals** (Description: Materials central to the roll out of the project and may also include room rentals for hosting an event. Generally, the unit of measure will be a piece of equipment.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
3.1				\$ -	
3.2				\$ -	
3.3				\$ -	
3.4				\$ -	
3.5				\$ -	
3.6				\$ -	
3.7				\$ -	
3.8				\$ -	
3.9				\$ -	
3.10				\$ -	
3.11				\$ -	
3.12				\$ -	
3.13				\$ -	
3.14				\$ -	

**LINE ITEM BUDGET (Year 2)** Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.

Organization Name					
Project Duration: [Start Date] - [End Date]					
3.15				\$	-
3.16				\$	-
3.17				\$	-
3.18				\$	-
3.19				\$	-
3.20				\$	-
<b>3. Equipment/Rentals Subtotal</b>				\$	-

**4. Contractual** (Description: The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. Generally, the unit of measure will be the period of performance.)

Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
4.1				\$ -	
4.2				\$ -	
4.3				\$ -	
4.4				\$ -	
4.5				\$ -	
4.6				\$ -	
4.7				\$ -	
4.8				\$ -	
4.9				\$ -	
<b>4. Contractual Subtotal</b>				\$	-

**5. Other Direct Costs** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
5.1				\$ -	
5.2				\$ -	
5.3				\$ -	
5.4				\$ -	
5.5				\$ -	
5.6				\$ -	
5.7				\$ -	
5.8				\$ -	
5.9				\$ -	
5.10				\$ -	
5.11				\$ -	
5.12				\$ -	
5.13				\$ -	
5.14				\$ -	
5.15				\$ -	
5.16				\$ -	
5.17				\$ -	
5.18				\$ -	

LINE ITEM BUDGET (Year 2)					Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.					
Organization Name										
Project Duration: [Start Date] - [End Date]										
5.19					\$	-				
5.20					\$	-				
<b>5. Other Direct Costs Subtotal</b>					\$	-				
<b>6. Total Direct Costs</b>										
Sum of Subtotal Costs from #1-#5 above					Total Direct Costs					
					\$	-				
<b>7. Total Indirect Costs</b>										
Overhead costs allocable to the project such as a negotiated rate with a university.					Total Indirect Costs					
					\$	-				
<b>8. Cost-Sharing</b>										
Total Non-CMP funds received or anticipated for this project					Total Cost-Sharing					
					\$	-				
<b>9. Total Costs</b>										
Sum of Direct and Indirect Costs from #6-#7 above, minus Total Non-CMP funds from #8					Total Project Cost					
					\$	-				



LINE ITEM BUDGET (Year 3) Only enter information into white cells. Gray cells auto-calculate. Blue cells are instructions.						
Organization Name: _____						
Project Duration: (Start Date) - (End Date) _____						
<b>1. Personnel (Description: An employee of the organization whose work is used in the proposed project)</b>						
Position/ Name of person (if available)	Monthly salary rate	# of Months	% Effort for Project	Fringe Rate (%)	Total Project Costs (Monthly Salary X # of months X % Effort X % Fringe Rate)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
1.1 Job Title #1					\$ -	
1.2 Job Title #2					\$ -	
1.3 Job Title #3					\$ -	
1.4 Job Title #4					\$ -	
1.5 Job Title #5					\$ -	
1.6 Job Title #6					\$ -	
1.7 Job Title #7					\$ -	
1.8 Job Title #8					\$ -	
1.9 Job Title #9					\$ -	
<b>1. Personnel Subtotal</b>					<b>\$ -</b>	
<b>2. Travel (Description: Per diem, mileage, lodging, and per diem as applicable. The lowest available commercial fares for coach or equivalent accommodations must be used. Generally, the unit of measure should be the number of days.)</b>						
Travel Expense	Item Description	Number of Miles/Nights/Days	Rate	Number of Units	Total Project Costs (No. of Days x Rate x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
2.1 Mileage					\$ -	
2.2 Mileage					\$ -	
2.3 Mileage					\$ -	
2.4 Mileage					\$ -	
2.5 Mileage					\$ -	
2.6 Lodging					\$ -	
2.7 Lodging					\$ -	
2.8 Lodging					\$ -	
2.9 Lodging					\$ -	
2.10 Lodging					\$ -	
2.11 Per Diem					\$ -	
2.12 Per Diem					\$ -	
2.13 Per Diem					\$ -	
2.14 Per Diem					\$ -	
2.15 Per Diem					\$ -	
<b>2. Travel Subtotal</b>					<b>\$ -</b>	
<b>3. Equipment Purchase/Rentals (Description: Materials essential to the staff role of the proposed project must also include costs for the purchase/rental of equipment. Generally, the unit of measure will be a piece of equipment.)</b>						
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Cost (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)	
3.1				\$ -		
3.2				\$ -		
3.3				\$ -		
3.4				\$ -		
3.5				\$ -		
3.6				\$ -		
3.7				\$ -		
3.8				\$ -		
3.9				\$ -		
3.10				\$ -		
3.11				\$ -		
3.12				\$ -		
3.13				\$ -		
3.14				\$ -		
3.15				\$ -		
3.16				\$ -		
3.17				\$ -		
3.18				\$ -		
3.19				\$ -		
3.20				\$ -		
<b>3. Equipment/Rentals Subtotal</b>					<b>\$ -</b>	
<b>4. Contractual (Description: The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost should be attached to the budget. (If there is more than one contractor each must be budgeted separately and must have an attached transaction. Generally, the unit of measure will be the period of performance.)</b>						
Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Total Project Cost (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)	
4.1				\$ -		
4.2				\$ -		
4.3				\$ -		
4.4				\$ -		
4.5				\$ -		
4.6				\$ -		
4.7				\$ -		
4.8				\$ -		
4.9				\$ -		
<b>4. Contractual Subtotal</b>					<b>\$ -</b>	
<b>5. Other Direct Costs (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)</b>						
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)	
5.1				\$ -		
5.2				\$ -		
5.3				\$ -		
5.4				\$ -		
5.5				\$ -		
5.6				\$ -		
5.7				\$ -		
5.8				\$ -		
5.9				\$ -		
5.10				\$ -		
5.11				\$ -		
5.12				\$ -		
5.13				\$ -		
5.14				\$ -		
5.15				\$ -		
5.16				\$ -		
5.17				\$ -		
5.18				\$ -		
5.19				\$ -		
5.20				\$ -		
<b>5. Other Direct Costs Subtotal</b>					<b>\$ -</b>	
<b>6. Total Direct Costs</b>				<b>Total Direct Costs</b>		<b>\$ -</b>
Sum of Subtotal Costs from #1-#5 above						<b>\$ -</b>
<b>7. Total Indirect Costs</b>						
Overhead costs allocable to the project such as a negotiated rate with a university.				<b>Total Indirect Costs</b>		<b>\$ -</b>
<b>8. Cost-Sharing</b>						
Total Non-CMP funds received or anticipated for this project				<b>Total Cost-Sharing</b>		<b>\$ -</b>
<b>9. Total Costs</b>						
Sum of Direct and Indirect Costs from #6-#7 above, minus Total Non-CMP funds from #8				<b>Total Project Cost</b>		<b>\$ -</b>

**EXAMPLE LINE ITEM BUDGET**

Organization Name	Music Therapy, Inc.
Project Duration: [Start Date] - [End Date]	March 3, 2020 - March 3, 2021

**1. Personnel** (Description: An employee of the organization whose work is tied to the proposed project)

Position/ Name of person (if available)	Monthly salary rate	# of Months	% Effort for Project	Fringe Rate (%)	Total Project Costs (Monthly Salary X # of months X % Effort)x%Fringe Rate)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
1.1 Project Coordinator	\$ 2,500.00	12	100%	20%	\$ 36,000.00	Project coordinator is required to set up and manage day to day the music program, and has no other roles in the nursing home Project requires a half-time trainer to support the two facilities.
1.2 Trainer	\$ 1,000.00	12	50%	20%	\$ 7,200.00	
1.3					\$ -	
1.4					\$ -	
1.5					\$ -	
1.6					\$ -	
1.7					\$ -	
1.8					\$ -	
1.9					\$ -	
<b>1. Personnel Subtotal</b>					<b>\$ 43,200.00</b>	

**2. Travel** (Description: Provide mileage, lodging, and per diem as applicable. The lowest available commercial fares for coach or equivalent accommodations must be used. Generally, the unit of measure should be the number of trips.)

Travel Expense	Item Description	Number of Miles/Nights/Days	Rate	Number of Units	Total Project Costs (No. of Days x Rate x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
2.1 Mileage	Travel between facilities	57	\$ 0.58	2	\$ 66.12	Project coordinator will travel between 2 facilities (57 miles) 2x per year. The mileage rate is the GSA rate. Travel is required to support the project in second facility; the majority of the time it will be virtual oversight.
2.2 Mileage					\$ -	
2.3 Mileage					\$ -	
2.4 Mileage					\$ -	
2.5 Mileage					\$ -	
2.6 Lodging	Hotel for two visits	2	\$ 89.00	2	\$ 356.00	Hotel for project coordinator for 4 nights
2.7 Lodging					\$ -	
2.8 Lodging					\$ -	
2.9 Lodging					\$ -	
2.10 Lodging					\$ -	
2.11 Per Diem	Meals during travel	2	\$ 41.25	2	\$ 165.00	Per diem for 2 trips; rate is GSA rate for the first and last day in all locations without a specified rate
2.12 Per Diem					\$ -	
2.13 Per Diem					\$ -	
2.14 Per Diem					\$ -	
2.15 Per Diem					\$ -	
<b>2. Travel Subtotal</b>					<b>\$ 587.12</b>	

**3. Equipment Purchase/Rentals** (Description: Materials central to the roll out of the project and may also include room rentals for hosting an event. Generally, the unit of measure will be a piece of equipment.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
3.1 Purchase of stereo	piece of equipment	\$ 100.00	2	\$ 200.00	Stereo required for each facility for the music program 3 microphones per facility for residents to sing/perform
3.2 Wireless microphone	piece of equipment	\$ 25.00	6	\$ 150.00	
3.3				\$ -	
3.4				\$ -	
3.5				\$ -	
3.6				\$ -	
3.7				\$ -	
3.8				\$ -	
3.9				\$ -	
3.10				\$ -	
3.11				\$ -	
3.12				\$ -	
3.13				\$ -	
3.14				\$ -	
3.15				\$ -	
3.16				\$ -	
3.17				\$ -	
3.18				\$ -	
3.19				\$ -	
3.20				\$ -	
<b>3. Equipment/Rentals Subtotal</b>				<b>\$ 350.00</b>	

**EXAMPLE LINE ITEM BUDGET**

Organization Name	Music Therapy, Inc.
Project Duration: [Start Date] - [End Date]	March 3, 2020 - March 3, 2021

**4. Contractual** (Description: The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. Generally, the unit of measure will be the period of performance.)

Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
4.1 Consultant	Period of Performance	\$ 250.00	1	\$ 250.00	The project requires an expert consultant for 1 hour during the initial planning phases, under 1 period of performance of 1 hour.
4.2				\$ -	
4.3				\$ -	
4.4				\$ -	
4.5				\$ -	
4.6				\$ -	
4.7				\$ -	
4.8				\$ -	
4.9				\$ -	
<b>4. Contractual Subtotal</b>				<b>\$ 250.00</b>	

**5. Other Direct Costs** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Description	Unit of Measure	Cost Per Unit	Number of Units	Total Project Costs (Cost Per Unit x No. of Units)	Justification (No more than 1-2 sentences per budget line item to explain the costs and units)
5.1 Monthly cell phone plan	Plan	\$ 25.00	12	\$ 300.00	The Project Coordinator requires a monthly cell phone plan to coordinate with the trainer, the consultant, and the two facilities. The cost is \$25 per month, the unit of measure is "month." The project coordinator will only use the cell phone plan for this project.
5.2				\$ -	
5.3				\$ -	
5.4				\$ -	
5.5				\$ -	
5.6				\$ -	
5.7				\$ -	
5.8				\$ -	
5.9				\$ -	
5.10				\$ -	
5.11				\$ -	
5.12				\$ -	
5.13				\$ -	
5.14				\$ -	
5.15				\$ -	
5.16				\$ -	
5.17				\$ -	
5.18				\$ -	
5.19				\$ -	
5.20				\$ -	
<b>5. Other Direct Costs Subtotal</b>				<b>\$ 300.00</b>	

<b>6. Total Direct Costs</b>	
Sum of Subtotal Costs from #1-#5 above	\$ 44,687.12

<b>7. Total Indirect Costs</b>	
Overhead costs allocable to the project such as a negotiated rate with a university.	\$ 1,000.00

<b>8. Cost-Sharing</b>	
Total Non-CMP funds received or anticipated for this project	\$ 2,500.00

<b>9. Total Costs</b>	
Sum of Direct and Indirect Costs from #6-#7 above, minus Total Non-CMP funds from #8	\$ 43,187.12