

The following is intended to assist you and your facility in coordinating the multiple documents required to complete your Indoor Air Management Strategies grant application. To the best of our knowledge there is not a specific order requested from the State of Pennsylvania for the presentation of this information. Therefore we have done our best to interpret and provide guidance to assist you towards a complete, comprehensive application.

STEP 1: Complete the Application Cover Sheet (Appendix A)¹.

**APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA #30-21**

Enclosed in two separate submittals is the application of the Applicant identified below for the above-referenced RFA.

Applicant Information:	
Applicant Name	
Applicant Mailing Address	
Applicant Website	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Facsimile Number	
Contact Person's E-Mail Address	
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	

Submittals Enclosed:	
<input type="checkbox"/>	Budget Submittal
<input type="checkbox"/>	Cost Application (including Certification Worksheet)

Signature

Signature of an official authorized to bind the Applicant to the provisions contained in the Applicant's application:

Printed Name _____

Title _____

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANT'S APPLICATION.

Picture 1. Appendix A - Application Cover Sheet.pdf

STEP 2: Complete the Grant Agreement Signature Page (Appendix B).

Document No.: _____ SAP Vendor No.: _____

Document Type: _____

IN WITNESS WHEREOF, the parties hereto have caused this Grant Agreement to be executed by its duly authorized officials:

GRANTEE

Signature / Title _____ Date _____
PRINT OR TYPE NAME AND TITLE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

SECRETARY OR DESIGNEE

Signature _____ Date _____

COMPTROLLER OPERATIONS

Signature _____ Date _____

Approved as to Legality and Form:

OFFICE OF GENERAL COUNSEL DEPARTMENT OF HUMAN SERVICES

Form: 14-FA-1.0
DEPUTY ATTORNEY GENERAL OFFICE OF ATTORNEY GENERAL

Form: 14-FA-1.0
DEPUTY GENERAL COUNSEL OFFICE OF GENERAL COUNSEL

Rev. 10/12/2019

Picture 2. Appendix B - Signature Page Grant.pdf

STEP 3: Complete the Core Application.

An Applicant must complete the Core Application and include the following information:

Section 1: Grant Application Cover Letter

(Limit two pages)

Provide a short narrative containing no less than: date, legal name of applicant, statement of grant request, amount of grant funding requested, and license number of long-term care facility submitting application.

Section 2: Organizational Documents

Federal Employer Identification Number (FEIN), Description of the Legal Ownership of the Applicant including a list of a Governing Board or Board of Directors, if they are part of the legal ownership of the Applicant, and individual in charge of administering the grant and contact information.

Section 3: Include a copy of all quotes for the costs of the proposed eligible indoor air management strategy the grantee plans to purchase and install, or a receipt for the eligible indoor air management strategy purchased and installed.

Section 4: A description of how the indoor air management strategy will help or has helped facilities reduce the risk of transmission of and occupant exposure to COVID-19 and any other airborne contagious diseases.

Provided at right are descriptions of technologies that may be approved for application of this grant. Feel free to use these as rationale for your investment in these types of technologies.



Ionization:

Cutting-edge solutions like Needlepoint Bipolar Ionization (NPBI™) are proven to Reduce airborne particles including certain odors, viruses, and bacteria within a community, reducing infection risk by up to 41%.



Ultra Violet (UV) Light:

Germicidal UV solutions help disinfect airstreams and mitigate disease transmission. Both the CDC and ASHRAE recommend UV-C technologies to protect against airborne viruses, such as SARS-CoV-2 and influenza.



Filtration:

Replacing and upgrading the air filters in our HVAC system to the highest level of MERV rating compatible, has shown to greatly improve air quality and increase cost savings.



Portable Air Purification:

Portable air purifiers use HEPA filters to remove contaminants such as harmful particulates and pathogens from the air. They are recommended by the CDC as a powerful way to reduce exposure to airborne pathogens in areas that have poor ventilation or higher levels of risk.



Planned Maintenance:

OSHA's new Emergency Temporary Standard requires most healthcare buildings to properly maintain their HVAC systems. Having our system inspected by a certified, professional HVAC technician using a variety of checks and balances can help ensure our system is operating as intended, to maximize ventilation and protect staff and residents.

Section 4 (cont.)

In addition, the Applicant must complete and include pages 9 & 10 of RFA 20-21 Indoor Air Management Strategies.pdf within their Core Application:

CORE APPLICATION

Date of Application _____

A. GRANT INFORMATION

APPLICANT: _____
(BUSINESS)

(CONTACT PERSON)

(PHONE)

(CITY, STATE, AND ZIP)

() _____
(PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

(JOB IDENTIFICATION NUMBER, IF APPLICABLE) (TAX IDENTIFICATION NUMBER)

SAP VENDOR NUMBER, IF APPLICABLE PROMISYS/PROVERA NUMBER, IF APPLICABLE

B. LOCATION OF PROJECT

Site Address _____

City _____ Zip Code _____
 Twp. _____ County _____

Census Tract No. _____ Census Block No. _____
 House District _____ Senate District _____ Congressional District _____

9

Picture 3. Page 9 of RFA 20-21 Indoor Air Management Strategies.pdf

C. REGARDING PROJECT

A. Will or has the indoor air management system addressed specific problems regarding air quality improvement? YES or NO

B. Do you have a written purchase order or a quote estimate or a receipt for the indoor air product? YES or NO

C. Do you have an installation date or a purchase date? YES or NO
 If yes, please provide the date _____

D. Is the air quality project, part of a larger project? YES or NO
 If YES, please include a project description.

E. Please check the Air Management Strategy system you intend to or have installed or purchased:

- dilution,
- airflow patterns,
- outdoor air ventilation,
- pressurization,
- demand-controlled ventilation,
- temperature and humidity distribution and control,
- filtration,
- ultraviolet germicidal irradiation,
- personalized ventilation systems for certain high-risk tasks,
- portable, free-standing high-efficiency particulate air filters,
- ionization technology and
- ozonation.

F. Applicant has not received and will not receive reimbursement of the Program costs from federal, state or other source of funding. YES or NO

G. Applicant shall comply with all reporting requirements and shall provide the Department will all documentation in a format prescribed by the Department. YES or NO

H. Applicant was in operation as of June 1, 2011. YES or NO

10

Picture 4. Page 10 of RFA 20-21 Indoor Air Management Strategies.pdf

STEP 5: Attach a Completed Budget Submittal (Appendix C)²

Rider 3
Budget

Applicant Name	
Applicant Mailing Address	
Applicant Contact Person	

Project Equipment	Cost
Total	

Total Costs Eligible for Funding*: _____

*If Applicant has incurred or will incur costs in excess of \$15,000, Applicant must enter \$15,000 in the line Total Costs Eligible for Reimbursement.

Receipt/Quote Included: Yes or No

Picture 5. Page 2 of Appendix C - Budget Submittal.pdf

STEP 6: Attach the Applicant's Certification

C. Certification Statement

APPLICANT'S CERTIFICATION

By the signing the Application Cover Sheet, the Applicant hereby certifies that the statements made in response to the RFA are true and correct to the best of the Applicant's knowledge, information and belief. The Applicant understands that false statements are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities. The Applicant also agrees:

- All representations and documentation provided by the Applicant in connection with the development and this Application are, to the best of the Applicant's knowledge, information and belief, true, correct, and complete. The Applicant covenants to provide accurate and timely information to the Department and to advise the Department of any changes in this information throughout the application process.
- If the Department determines, in its sole discretion, that the Applicant knowingly withheld, misrepresented or fabricated information or documentation submitted to the Department, the Department may reject the Application or take other appropriate action.
- The Applicant is in compliance with all applicable Program requirements in which it has a material ownership or participation interest.
- The Applicant will promptly disclose any federal or state audits or investigation or inquiries of it during the pending of this Application.
- The Applicant agrees that in making decisions, it does not and has not relied on any statement or information supplied by the Department, but will seek and rely exclusively on its own independent counsel and advisors. By execution of this Application, the Applicant understands and agrees that the Department may conduct its own independent review and analysis of the information contained herein and in the attachments hereto, that any such review and analysis will be made for the sole and exclusive benefit of the Department.

12

Picture 6. Page 12 of RFA 20-21 Indoor Air Management Strategies.pdf

STEP 7: Submit a complete response to the RFA providing one copy of the completed Core Application, including the completed Certification Statement and one copy of the Budget Submittal via email to **RA-PWOLTCOVID-19@pa.gov**. The subject line of that email should be: **“RFA No. 20-21 Application.”**

APPLICATION DISCLAIMERS:

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- The Applicant will promptly disclose any federal or state audits or investigation or inquiries of it during the pending of this Application.
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²The Applicant should complete Appendix C Budget Submittal listing the costs for its Indoor Air Management Strategy. Although the total cost of the Indoor Air Management Strategy may exceed \$15,000, the Department will not reimburse costs in excess of \$15,000. Applicants should list the type of equipment and other strategies in the Strategy and Equipment Column and the actual costs of the equipment and strategy in the Cost Column of the Budget Submittal. These costs must be supported by a quote or a receipt. If Applicant has incurred or will incur costs in excess of \$15,000, Applicant must enter \$15,000 in the line "Total Costs Eligible for Reimbursement."

The Department will reimburse a selected Applicant after the full approval of a grant agreement in accordance with the terms of the grant agreement.

This information is intended to provide general information, not legal, bidding, purchasing, or other advice. The document is believed to be accurate as of the date of publishing but may not reflect subsequent developments. Consult your legal or purchasing counsel for assistance with your specific application.