

MRC Funding Application

The PDF version of this application is for reference only.

To submit an application, please go to cthcc.org/grants during the period of February 1-29, 2024, and fill out the electronic form.

The Connecticut Health Care Coalition (CT HCC) has established a \$150,000 special project fund for competitive project applications for MRC applicants only.

Note: Funding will be earmarked for MRC special projects for the grant year ending on June 30, 2024, and after that will be added to a pool of funding for all HCC members' project proposals in subsequent years.

Competitive applications will be accepted in two rounds:

Round 1: November 1-30

Round 2: February 1-28

(Please note that Round 2 will only open if funds are leftover after Round 1)

Submissions will be scored based on the following criteria:

- Able to be implemented within the time period from award to June 15 – Yes/No
- Allowable HPP expenditure – Yes/No
- Has a similar training or program been offered in the past year? – Yes/No
- Alignment with a demonstrated need or gap from previous exercise, gap analysis, or other documentation - (0-5 points)
- Alignment with HVA – (0-5 points)
- Geographic impact (0-local community, 3-regional impact, 5-statewide impact)
- Project funding requested is reasonable, economical and appropriate use of funds (0-not good use, 5-excellent use)

Submissions must also follow these guidelines:

- To be eligible to receive funds, the applying party must be an active Medical Reserve Corps within the State of Connecticut.
- All trainings and projects must be open to all CT MRC members and staff.
- Equipment over \$5,000 is not allowable. Supplies and consumables are allowable. No uniforms, shirts, hats and other MRC-branded accessories are allowable.
- Personnel and/or hiring is not allowable, but contracting with a consultant or subcontractor for a scope of work is allowable. Scope of work must be completed before the end of the grant period.
- Any single purchase over \$5,000 requires three quotes with application submission.

Once the application period closes, all submissions will be reviewed for completeness and eligibility by the CT HCC fiscal agent. Then, applications will be sent to Makayla Andrews and Unit Leaders for scoring. Once projects are ranked and funding is allocated, a list of the recommended awards and projects will be sent to the CT HCC membership for approval.

Award and Reimbursement Processes:

MRC applicants who receive an award will be provided with an award letter and an agreement that must be signed to receive the award. MRC must provide a monthly progress report and funding expenditure request form to the CT HCC fiscal agent. Reports are due on the 10th day of the month following.

Funding is reimbursement only. Checks will be mailed to MRCs for reimbursement of monthly expenditures.

If funds are **not encumbered by May 1**, those funds must be returned to the coalition.

[Click here to review all the terms and conditions in detail.](#)

To be considered for funding in Round 1, please complete the following form by November 30, 2023, by 11:59pm EST.

Contact Information

Applicant MRC Point of Contact *

First Name

Last Name

Name of MRC *

Role in MRC *

Email *

example@example.com

Phone Number *

Please enter a valid phone number.

Name of Fiscal Agent of MRC (no abbreviations) *

Fiscal Agent Name

Address of the Fiscal Agent of the MRC *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number of the Fiscal Agent of the MRC *

Please enter a valid phone number.

Project Description

Type of Project Requested (check all that apply) *

Training
Supplies
Exercise
Other

Describe the project and objectives. Please include description of need, project impact, and estimated timeline. *

Describe how this project aligns with a demonstrated need or gap from previous exercises, gap analysis or other documentation. *

Describe how this project aligns with a recent Hazard Vulnerability Analysis. State which HVA is referenced. *

Describe the geographic impact of the project (local community, regional impact, statewide impact, etc.). *

Describe the sustainability/maintenance for this project (if applicable).

What is the total funding amount requested? *

Please enter a dollar amount

Applicants must submit a Project Budget Proposal Form. The form can be found [HERE](#).

Is partial funding possible for this project? For example, if requesting \$5000 for 50 training kits, could the project be split into lesser amounts if funding is limited? *

Will any outside vendors be used (such as a contracted trainer)? Please describe the scope of work expected from the outside vendor. *

Is any single purchase requested over \$5000? *

Yes

No

Is this project able to be implemented within the time period from award to June 15, 2024? *

Yes

No

Is this an allowable HPP expenditure? *

Yes

No

Has a similar training or program been offered to CT MRCs in the past year? *

Yes

No

Signature and Submission

Completion of the page below serves as the electronic signature of the individual completing this application and attests to the accuracy of the information provided.

I, the Requester, understand that I am requesting grant funds from the CT HCC and that such funds are restricted under the guidelines set forth by the Hospital Preparedness Program and governance of the Coalition. I certify that this application does not pose any potential conflict of interest and that I will provide any documentation required by the CT HCC and/or fiscal agent to authorize payment or review of the appropriateness of this request.

Name *

Date *

Month Day Year

Title *