

# Civil Money Penalty (CMP) Application Template

## AIR QUALITY IMPROVEMENT PROJECTS

Projects must:

- Directly address the need to improve indoor air quality for residents.
- Fall within the following parameters for use of funds:
  - Funds must only be used to purchase the types of aids allowed.
  - Maximum allowance of \$3,000 per facility.
- Ensure appropriate LSC requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.
- Ensure core principles of infection prevention and control practices. Surfaces must be cleaned and disinfected between resident use.
- Work with state and local officials to adhere to visitation guidelines

To be considered for funding, each application must include the following information:

- Name(s) of facility(ies) to receive visitation aids (and CMS Certification Numbers (CCNs)).
- Number of certified facility beds.
- TAX ID NUMBER FOR REIMBURSAL PURPOSES
- Anticipated Cost involved, not to exceed \$3000 per facility
- Total funds requested.
- Receipts are required following purchase for reimbursement purposes

### 3. Applicant Contact and Background Information

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#### Organization Contact Information

Contact:	
Name:	
Phone:	
Email:	
Address:	
State:	

**4. Total CMP Fund Request Amount**  
Provide TAX ID

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Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type Air Quality Improvement	Cost per Item	Number of items	Total Cost
<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 air quality improvement aid request to obtain additional in-person visitation aids in excess of the \$3,000 maximum limit.** 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:	