MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH INNOVATION GRANT FUND
FY 2016 APPLICATION INSTRUCTIONS

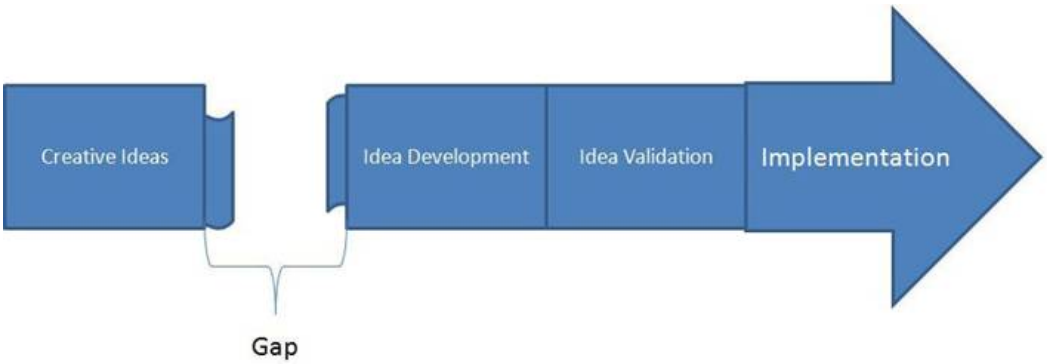
Purpose:

The Michigan Department of Health and Human Services (MDHHS) is pleased to announce the opportunity for organizations to apply for one-time health innovation grants of between **$5,000** and **$35,000** to encourage cutting edge advances in health care.

MDHHS is looking for projects that demonstrate an innovative approach to improving the efficiency and effectiveness of the delivery of Michigan's health services and have the potential for replication within the State of Michigan. Each project must have clear and defined outcomes. Each applicant is encouraged to provide matching funds in the form of a cash or in-kind match for their project. **Only the first two applications submitted per entity may be considered for an award.**

The FY 2016 Health Innovation Grant (HIG) funds are to support new projects and will not be made available to sustain or continue FY 2015 grant projects. FY 2016 HIG funds may be awarded to support replication projects resulting from completed FY 2015 HIG projects. Your FY 2015 HIG project must be complete to apply for funding to support a replication project.

Healthcare innovation strives to balance cost containment and quality of health care services. We are looking for innovations that can be replicated and applied across the state. The Health Innovation Grant Fund will satisfy an unmet need by incentivizing creative thinking and collaboration between the public and private sectors in an effort to build a healthcare infrastructure in Michigan that will serve our citizens into the future. Simply put, this fund strives to bridge the gap between creative ideas and their path to implementation.



Reimbursement:

Health Innovation Grants are paid on a reimbursement basis. Grantees must spend their money first. Reimbursement is done quarterly. Grantees normally receive payment within 60 days of Financial Status Report filing.

Application Time Period:

All FY 2016 applications must be received by **September 1, 2015 by 3:00 p.m. EST**.

Eligible Organizations:

Public, Non-profit and Private Organizations are eligible to apply for these grant funds.

Application Process:

1. Complete all sections of the 2016 FY Application Narrative and Budget spreadsheet and submit electronically to the MDHHS web site per the application instructions. Incomplete applications will not be considered for award.

2. All applicants will be notified of the status of their application and if it was approved or denied.

3. If awarded a grant, applicants must work with the MDHHS to complete additional documentation required to receive the grant.

4. All applicants awarded a grant must become a registered vendor with the State of Michigan and be able to accept Electronic File Transfer (EFT) payment. Becoming a registered vendor is necessary to make payments from the Health Innovations Grants Fund. Entities selected for awards will be assisted by MDHHS in completing this requirement if assistance is desired by the applicant.

5. All grant awards will require financial and program outcome progress reporting as well as an on-site monitoring visit from MDHHS staff.

Questions:

All questions related to this application must be submitted in writing by August 26, 2015. MDHHS will respond to all questions in writing. Responses will be posted to the MDHHS web page under the Request for Proposal section on the right hand side of the page near the application. Please submit your questions regarding this application opportunity to Matt Lori, Health Care Reform Administrator at the following email address:

MDHHS-2016InnovationGrant@michigan.gov

Submitting Applications:

Only electronic grant applications will be accepted. **Grant applications must be submitted by September 1, 2015 at 3:00 pm EST to be eligible for consideration**. Late applications will not be evaluated for award. Please submit your grant applications to Matt Lori, Health Care Reform Administrator at the following email address:

MDHHS-2016InnovationGrant@michigan.gov

MICHIGAN DEPARTMENT HEALTH AND HUMAN SERVICES
HEALTH INNOVATION FUND
FY 2016 APPLICATION NARRATIVE

Applicant Name:

Project Title:

Project Director Name:

Project Director Email Address:

Project Director Phone Number:

STATEMENT OF WORK – ***Please limit your written response for the Statement of Work narrative to two pages in Microsoft Word.***

New FY 2016 Project Application: Yes/No:

Replication of an FY 2015 Project Application: Yes/No:

A. PROJECT DESCRIPTION AND IMPACT

B. GEOGRAPHIC AREA SERVED and POPULATION SERVED

C. OBJECTIVES, ACTIVITIES AND OUTCOMES – ***Minimum of two measureable objectives.***

D. DESCRIBE COLLABORATION EFFORTS

E. DESCRIBE PLAN FOR STATEWIDE REPLICATION

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH INNOVATION FUND
FY 2016 APPLICATION NARRATIVE

BUDGET – ***Please limit your Budget response to one to two pages using the attached Budget spreadsheet in Excel.***

This Health Innovation Grant Fund **will not fund** the following types of expenditures, this list is not exhaustive: 1) renovations to clinics, 2) facilities, 3) equipment at $5,000 or greater, **4) existing staffing positions, and 5) project costs that MDHHS is already funding through other grants.**

A. BUDGET NARRATIVE – ***Please describe briefly how the expenditures listed in your project budget will be used to meet your objectives in your statement of work.***

B. BUDGET – *Please use the following expenditure categories as you develop your budget and consider the help notes after the category for placement of certain types of expenditures within a category:*

1. **Salaries –** *List position titles and percentage of time for each funded position, if applicable*.
2. **Fringe Benefits –** *If positions are listed, please itemize costs of fringe benefits*
3. **Travel –** *Identify if these costs are for mileage, meals, lodging.*
4. **Supplies and Materials –** *Identify materials, printing, or any equipment items under $5,000.*
5. **Contractual –** *List any Subcontractors, if applicable***.**
6. **Other –** *List items that do not appear to be applicable to any other category.*
7. **Total Direct Expenditures:** *(Bottom of Column B)*

C. FUNDING – ***Please list the amount of funding from the various sources that will support your project budget in these funding categories.***

1. **Cash Match –** *List funds the applicant is willing to contribute to the project*
2. **In-Kind Match –** *List contributions such as office space, volunteer hours, and materials*
3. **MDHHS Health Innovation Grant Funds –** *Amount of funds requested from MDHHS*
4. **Other Funding –** *Please list the funding source such as Local County or City funding, Federal Grant funding, Third Party Insurance fees, etc.*
5. **Total Funding:** *(Bottom of Column G)*