

MassGRANTS Portal HHPP Grant Application User Guide



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REGISTRATION

You must have a valid Account to register for portal access.

Accounts are created automatically for vendors with a Vendor Code to do business with the Commonwealth. If you do not know or do not have a Vendor Code, contact one of the departments you do business with. Only with a valid Vendor Code the system allows you to register as a User under the Account.

FIRST USER REGISTRATION


Scenario: A new user is registering to the portal as the first user on an Account. The profile of the first user on the Account will be Grantee Administrator by default.

1. Open MassGRANTS portal URL: <https://maanfgrants.force.com/s/loginpage>
2. Click on **Register for an account**.

3. Enter your Vendor Code and the last four digits of your TIN.
4. Check the 'I'm not a robot' box.
5. Click **Next**.



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 Home Test User 3 UAT

Vendor Code Verification

In order to register in MassGRANTS, your organization must already be registered with VendorWeb. Please be aware that there may be a delay of up to 24-hours after your organization is registered in VendorWeb before it will be available in MassGRANTS.

Note: Only vendor representatives with the authority to act as an administrator for their grantee account should register using this process. Other grantee users should contact their grantee administrator to add them as users.


Please enter your Vendor Code and the last 4 digits of your Tax Identification Number (TIN) below. The Vendor Code is a 12-digit number that begins with "VC". If the vendor code is not known, contact one of the departments you do business with. The TIN is the number provided to the Commonwealth on the W-9 form when you first became a vendor.


*Vendor Code

VC1234567890

*Last 4 Digits of TIN


1212

 I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Next

6. Fill in your First Name, Last Name, and Email Address, and create a Password.
7. Click **Next**.

 Login

Contact Detail

Please enter your contact information and password below.

*First Name

Test User

*Last Name

UAT

*Email Address

prakruthi.kairamkonda@mtxb2b.com

*Password

.....

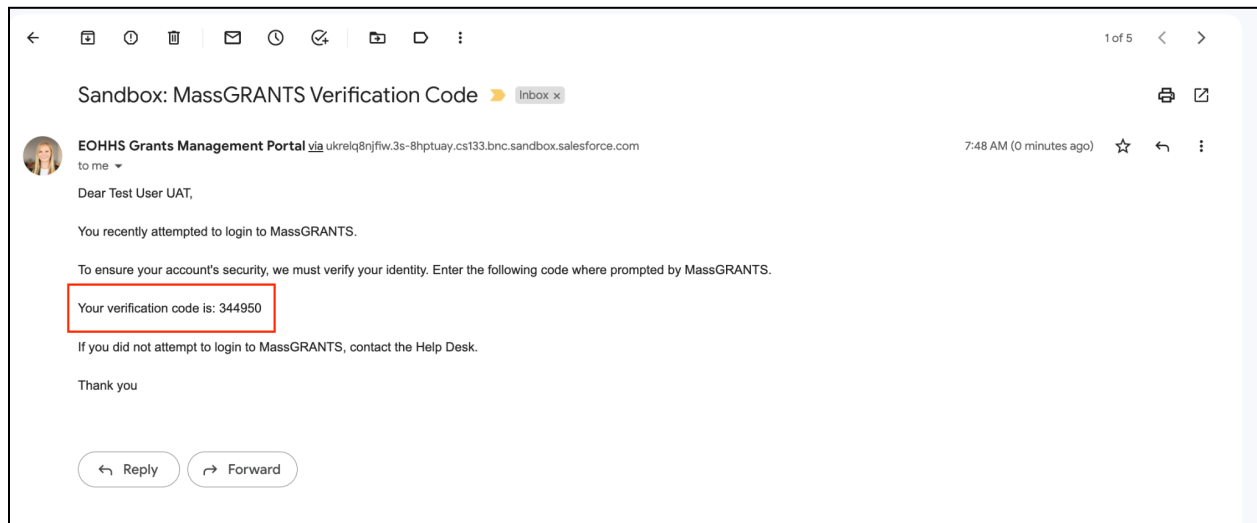
Next



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As the first User of the Account, the system will send an email with a Verification Code to the email provided. If another User has already registered with the account, the system will send an email to all existing Grantee Administrator users to approve the new user (see page 5).

8. Check your inbox for Verification Code.



9. Enter the Verification Code and click **Verify**.

The screenshot shows the MassGRANTS Portal login page. At the top, there is a "Login" button. The main heading is "Verification Code". Below it, a message states: "A verification code has been sent to prkruthi.kairamkonda@mtxb2b.com. Please enter the verification code below." There is a text input field containing "344950". Below the input field is a link "Contact Help Desk". At the bottom, there are two buttons: "Verify" (highlighted with a red box) and "Resend Verification Code".

Note: If you want the system to resend the Verification Code, click the Resend Verification Code button.



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10. Upon clicking Verify, you will land on the MassGRANTS Portal Homepage.



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ADDITIONAL USER REGISTRATION


Scenario: A new user is registering to the portal to an Account that already has users in it.

1. Open MassGRANTS portal URL: <https://maanfgrants.force.com/s/loginpage>
2. Click on **Register for an account**.

3. Enter your Vendor Code and the last four digits of your TIN
4. Check the 'I'm not a robot' box
5. Click **Next**.



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 Home Test User 3 UAT

Vendor Code Verification

In order to register in MassGRANTS, your organization must already be registered with VendorWeb. Please be aware that there may be a delay of up to 24-hours after your organization is registered in VendorWeb before it will be available in MassGRANTS.

Note: Only vendor representatives with the authority to act as an administrator for their grantee account should register using this process. Other grantee users should contact their grantee administrator to add them as users.


Please enter your Vendor Code and the last 4 digits of your Tax Identification Number (TIN) below. The Vendor Code is a 12-digit number that begins with "VC". If the vendor code is not known, contact one of the departments you do business with. The TIN is the number provided to the Commonwealth on the W-9 form when you first became a vendor.


*Vendor Code

VC1234567890

*Last 4 Digits of TIN


1212


 I'm not a robot


reCAPTCHA
Privacy · Terms

Next

6. Fill in your First Name, Last Name, Email Address, and create a Password.
7. Click **Next**.

 Login

 **Success!**
A User has already registered with this Account. Your registration request has been sent to the Grantee Administrator for approval. Please check with prakruthi.kairamkonda@mtxb2b.com to approve your registration.

Please enter your contact information and password below.

*First Name

Test User 2

*Last Name

UAT

*Email Address

prakruthi.kairamkonda+2@mtxb2b.com

*Password

Next

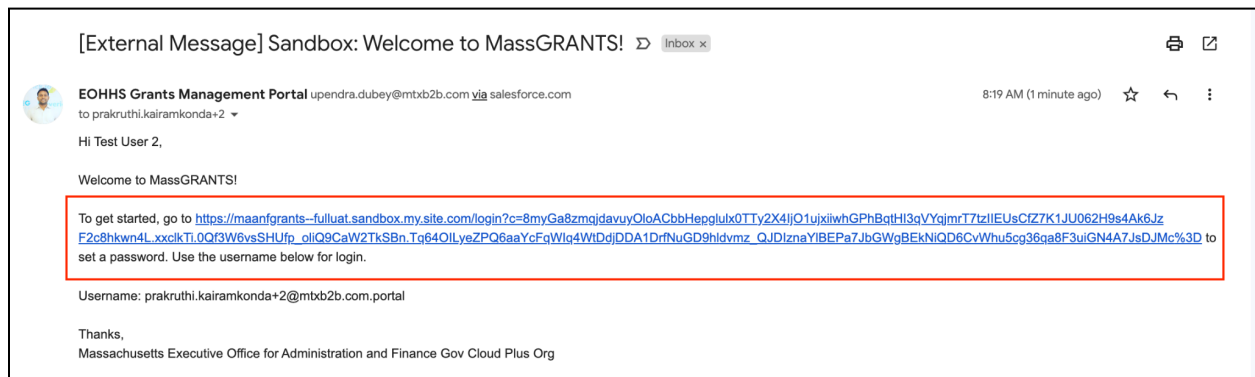


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You will see the following success message on the page: "A User has already registered with this Account. Your registration request has been sent to the Grantee Administrator for approval. Please check with 'Grantee Administrator email id' to approve your registration."

Once a Grantee Administrator approves your registration, you will receive a welcome email to set a password and log in into the portal.

8. Go to your Inbox and find the email.
9. Click on the get started link.



10. Create a new password by satisfying the given criteria.
11. Click **Change Password**.



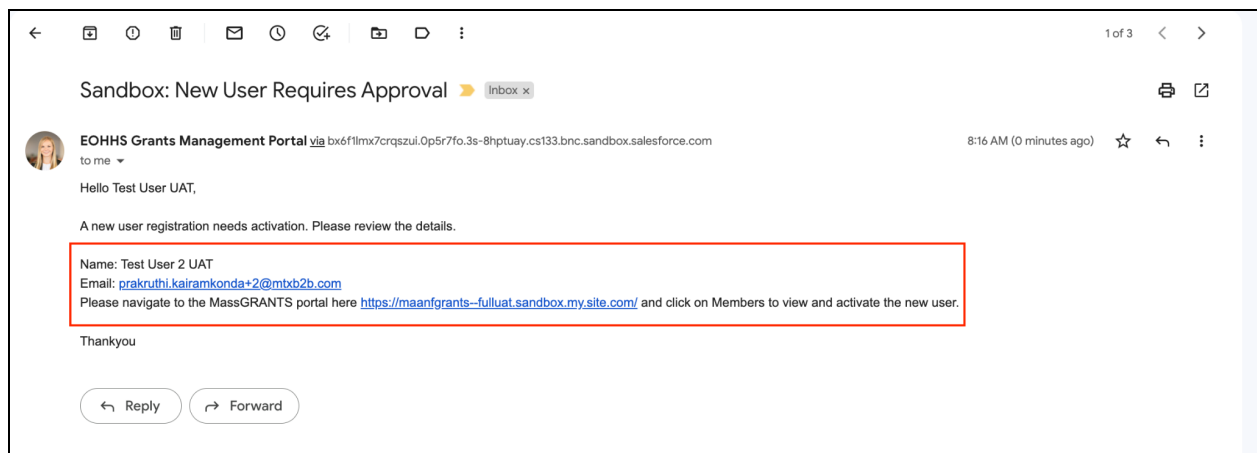
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Upon clicking the Change Password button, you will land on the MassGRANTS Portal Homepage.

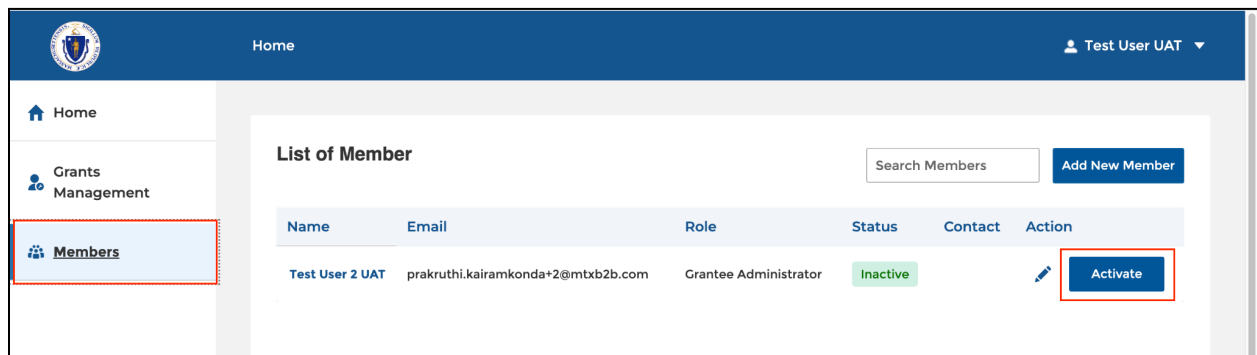
ACTIVATE NEW USERS

When a new user tries registering to the Portal, the existing user(s) in the Account will receive an email notifying that a new user requires approval.

1. Click on the MassGRANTS portal link given in the email and log in into the portal. You can skip this step if you are already logged in.



2. Click on the **Members** tab.
3. Click **Activate**.



The user will be activated, and a welcome email will be sent out to the new user.



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4. You can edit a user's information by clicking on the 'Edit icon' or deactivate a user by clicking on the 'Deactivate' button. Deactivated users can be reactivated by following step 3 above.

Home Test User UAT

Home Grants Management Members

Success Member Test User 2 UAT Activated Successfully

List of Member Search Members Add New Member

Name	Email	Role	Status	Contact	Action
Test User 2 UAT	prakruthi.kairamkonda+2@mtxb2b.com	Grantee Administrator	Active		Deactivate

ADD NEW MEMBERS FROM THE PORTAL

1. Log into the portal.
2. Click **Members**
3. Click **Add New Member**.

Home Test User 2 UAT

Home Grants Management Members

List of Member Search Members Add New Member

Name	Email	Role	Status	Contact	Action
Test User UAT	prakruthi.kairamkonda@mtxb2b.com	Grantee Administrator	Active		Deactivate

4. Fill in the Contact Details.
5. Select Role from the drop-down list. Grantee Administrators can manage users and submit grant applications/reports. Grantee Contributors can start and edit grant applications/reports but are not able to submit them.
6. Click **Save**.



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New Contact Details

* Indicates required field

* First Name: Test User 3

* Last Name: UAT
Grantee Administrator
Grantee Contributor
Select an Option

* Email: prakruthi.kairamkonda+3@mtxb2b.com

Cancel Save

The new user will be created and activated successfully. The user will receive a password reset email. Upon resetting their password, the user can log into the MassGRANTS portal.

Home Test User 2 UAT

Success Details Updated Successfully

List of Member

Name	Email	Role	Status	Contact	Action
Test User UAT	prakruthi.kairamkonda@mtxb2b.com	Grantee Administrator	Active		Deactivate
Test User 3 UAT	prakruthi.kairamkonda+3@mtxb2b.com	Grantee Contributor	Active		Deactivate



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LOG IN TO PORTAL

1. Open the MassGrants portal URL: <https://maanfgrants.force.com/s/loginpage>
2. Enter User Email and Password
3. Click **Sign in**.

Sign In

Welcome to MassGRANTS!

Don't have an account?

No problem! Click the button below to register.

[Register for an account](#)

Welcome back

Please enter your user email and password to sign in.

* means required fields

*User Email

prakruthi.kairamkonda+2@mtxb2b.com

[Forgot My Username?](#)

*Password

[Forgot My Password?](#)

Sign In

4. You will receive a Verification Code to your registered email address.

Sandbox: MassGRANTS Verification Code Inbox x

EOHHS Grants Management Portal 7:48 AM (2 hours ago) ☆

Dear Test User UAT, You recently attempted to login to MassGRANTS. To ensure your account's security, we must verify your identity. Enter the following code whe

EOHHS Grants Management Portal 8:19 AM (2 hours ago) ☆

Your verification code is: 332981

EOHHS Grants Management Portal via a53ciosjagtu.3s-8hptuay.cs133.bnc.sandbox.salesforce.com 10:36 AM (0 minutes ago) ☆ ↩ ⋮

to prakruthi.kairamkonda+2@mtxb2b.com

Dear Test User 2 UAT,

You recently attempted to login to MassGRANTS.

To ensure your account's security, we must verify your identity. Enter the following code where prompted by MassGRANTS.

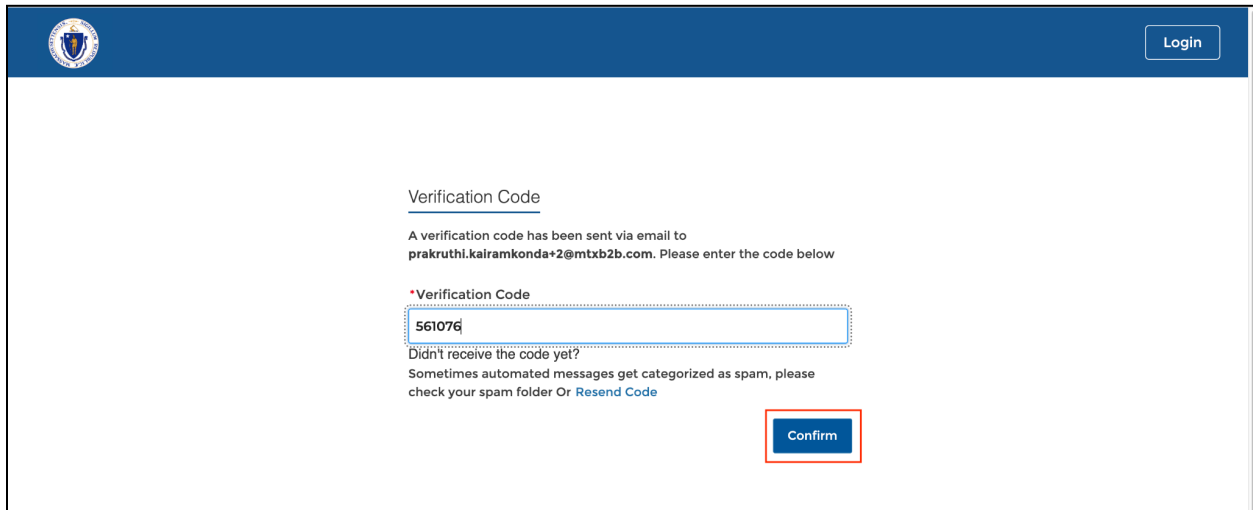
Your verification code is: 561076

Reply Reply all Forward

5. Enter the Verification Code.
6. Click **Confirm**.



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The screenshot shows the MassGRANTS Portal verification interface. At the top left is the state seal, and at the top right is a 'Login' button. The main content area is titled 'Verification Code' and contains the following text: 'A verification code has been sent via email to prakruthi.kairamkonda+2@mtxb2b.com. Please enter the code below'. Below this is a text input field with a red asterisk and the label 'Verification Code'. The field contains the code '561076'. Under the field, it says 'Didn't receive the code yet?' followed by 'Sometimes automated messages get categorized as spam, please check your spam folder Or [Resend Code](#)'. At the bottom right of the form is a blue 'Confirm' button with a red border.

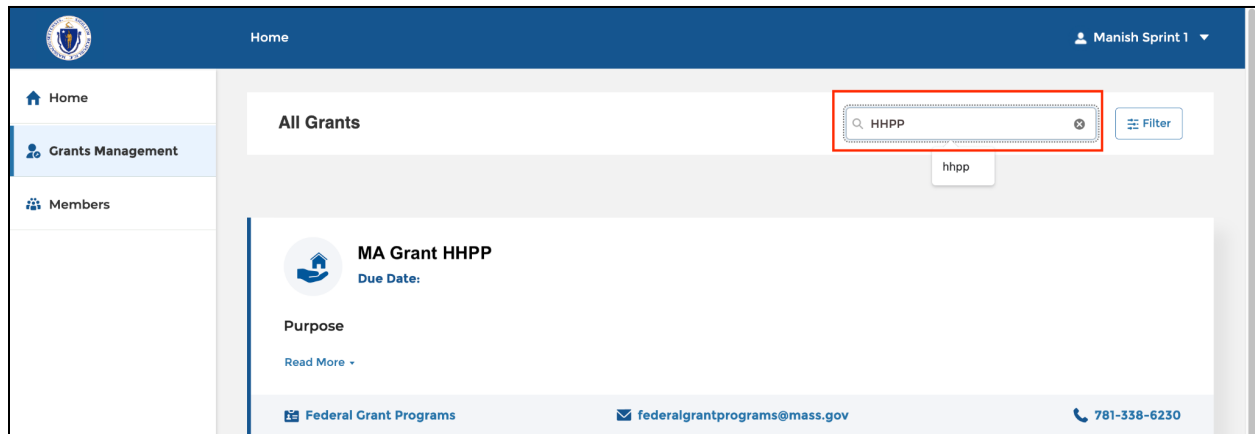
7. Upon clicking the Confirm button, you will land on the homepage of MassGRANTS portal.



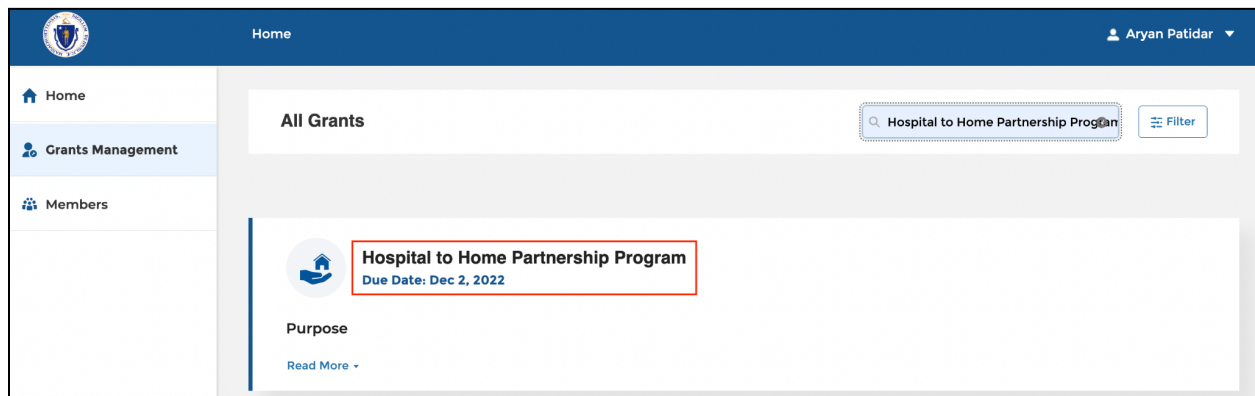
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APPLY FOR HHPP GRANT

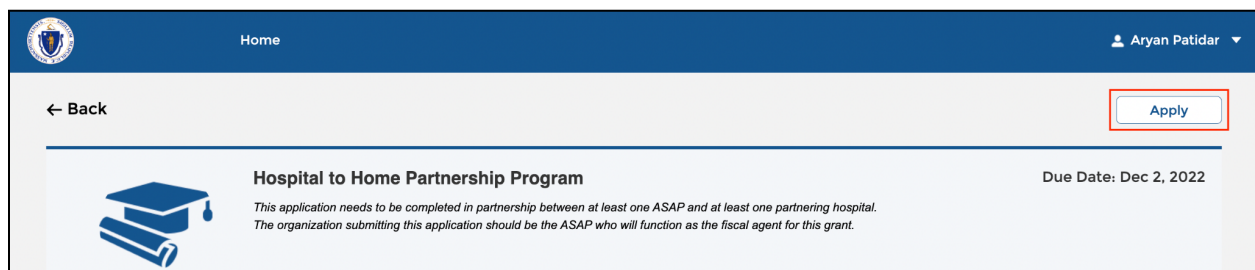
1. Go to the **Grants Management** page.
2. In the **Search Box**, search for HHPP grants.



3. Click the **Grant**.



4. Click **Apply**.




You will land on the **Application Form** page.

5. Fill in the details and click **Save & Next**.



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- Application Form
- Project Form
- Budget Request Narrative Form
- Implementation Plan
- Attachments
- Review Page
- Grant Terms and Conditions

Application Form

[Click here to view definitions](#)

* indicates required field

✓ *The applicant is acknowledging that all of the grant funds in this application are either for a new project, or will be used to supplement an existing project, and will not be used to supplant existing Medicaid HCBS funds.

1. APPLICANT PROFILE

A. Name of Lead ASAP:

B. SAM.gov Unique Entity ID:

C. MMARS Vendor Code:

*D. Emergency Medical Services (EMS) Region proposed project serves. [Click here](#) to find your EMS region

E. While EOHHS encourages applicants to partner with entities within their EMS regions, EOHHS recognizes that there may be value in partnering with entities in bordering regions. If you are proposing to work with entities that span across EMS regions, please describe here and your proposal will be taken into consideration

While EOHHS encourages applicants to partner with entities within their EMS regions, EOHHS recognizes there may be value in partnering with entities in bordering regions. If you are proposing to work with entities that span across EMS regions, please describe them here, and your proposal will be taken into consideration

*F. Project Name

G. Total Grant Funds Requested.

Note: The max grant amount is \$300,000

2. PARTNERSHIP ORGANIZATIONS CONTACT INFORMATION

A. ASAP Primary Contact: (notified upon decision of grant award)

*First Name *Last Name

*Title *Organization

*Phone Phone Extension

*Email

B. Primary ASAP- Back Up Contact:

*First Name *Last Name



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*Title	*Organization
Senior Manager	Organization
*Phone	Phone Extension
(342)-343 4534	3434
*Email	
Allana.K@org.com	
C. Hospital Primary Contact: (notified upon decision of grant award)	
*First Name	*Last Name
Igor	M
*Title	*Organization
Manager	Organization
*Phone	Phone Extension
(343)-454 3546	3456
*Email	
Igor.m@org.com	

D. Hospital Secondary Contact:	
*First Name	*Last Name
Ian	J
*Title	*Organization
Manager	Organization
*Phone	Phone Extension
(343)-545 6675	6766
*Email	
Ian.j@org.com	
*E. Does either partner plan to submit a competing application with a different partner for another Hospital to Home grant?	
Yes	
F. If yes to above, please write in the competing project name.	
project name	
*G. Will any additional organizations also be included as part of this partnership?	
Yes	
Save & Next	

You will enter the **Partnership Form** page.

6. Click **Add Partnerships** button.



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The screenshot shows the 'Partnership Form' overview page. On the left is a sidebar with navigation links: Application Form, Partnership Form (selected), Project Form, Budget Request Narrative Form, Implementation Plan, Attachments, Review Page, and Grant Terms and Conditions. The main content area is titled 'Partnership Form' and includes a link to 'Click here to view definitions'. Below this is a section for 'ADDITIONAL PARTNERS AND CONTACT INFORMATION' with a red asterisk indicating required fields. A red box highlights the 'Add Partnerships' button. The text instructs users to list additional partners not already listed in the application summary form and provides examples of potential partners. A table displays two existing partnership entries.

ORGANIZATION	FIRST NAME	LAST NAME	TITLE	PHONE	PHONE EXTENSION	EMAIL	EDIT	DELETE
Organization	Allen	D	Manage	3453	345-456-4564	allen.d@org.com		
Organization	Igor	M	Manager	3456	345-456-4564	igor.m@org.com		

7. Fill in the details and click **Submit**.

The screenshot shows the 'Partnership Form' details page. The left sidebar is the same as the previous page. The main content area is titled 'Partnership Form' and includes a red asterisk indicating required fields. The form contains several input fields: Organization (ABCN Org), First Name (Mark), Last Name (L), Title (Manager), Phone ((467)-567 6787), and Phone Extension (6786). The Email field is pre-filled with Mark.l@org.com. The Type field is a dropdown menu with 'ASAP' selected. A 'Submit' button is located at the bottom right of the form.

8. Click **Next**.

You will enter the **Project Form** page.

9. Fill in the details and click **Next**.



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Project Form

[Click here to view definitions](#)

* Indicates required field

1. CURRENT STATE

* Does the applying hospital have a dedicated ASAP hospital liaison(s) in place now?

☒ Yes ☐ No

* Please describe the current relationship between the ASAP and the Hospital. For example, are there regularly scheduled meetings? What are the processes for referring individuals to the ASAP?

describe the current relationship between the ASAP and the Hospital. For example, are there regularly scheduled meetings? What are the processes for referring individuals to ASAP?

Is there any additional information about your existing hospital and ASAP's current state that you would like the grant review to be aware of when considering your partnership application?

there any additional information about your existing hospital and ASAP's current state that you would like the grant review to be aware of when considering your partnership

2. PROJECT DESCRIPTION

Grant applications must include proposals related to either dedicated personnel (HCBS Hospital Liaison) and/or other innovation improvements. Projects related to the HCBS Hospital Liaison will be given top priority.

* A. Is this application related to dedicated personnel only, innovation improvements only or both?

HCBS Hospital Liaison

B. Grantees will be required to report on multiple metrics outlined in the Hospital to Home Partnership Program Guidelines. Are there any metric reporting requirements that you do not expect to be able to meet? If yes, please list.

Grantees will be required to report on multiple metrics outlined in the Hospital to Home Partnership Program Guidelines. Are there any metric reporting requirements that you do not expect to be able to meet? If yes, please list.

C. Optional question for EOHHS information gathering purposes only. Do you have any additional ideas not included in this application that you would like EOHHS to consider in the future that would further support hospital to community discharges in lieu of nursing home placements?

Grantees will be required to report on multiple metrics outlined in the Hospital to Home Partnership Program Guidelines. Are there any metric reporting requirements that you do not expect to be able to meet? If yes, please list.

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You will enter the **Budget Request Narrative Form** page.

10. Click **Add Program Cost**.



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Budget Request Narrative Form

[Click here to view definitions](#)

* Indicates required field

Total Grant Funds Requested:
\$67,676.00

Direct cost refers to the cost which is directly attributable/traceable/chargeable to this grant initiative.
Indirect cost refers to the cost which cannot be directly attributable/traceable/chargeable to this grant initiative.

Please fill in the Budget Request Form for the costs of developing and implementing your program. Additional rows can be added to accommodate additional activities and costs. Proposal submissions must show that the majority of the funds will be used to achieve the grant goals.

Project Name Add Program Cost

No Budget Data Found For Project Name

Total Budget Request : \$0.00

*A. Does the partner organizations have a plan to sustain the project work beyond this grant's period of performance?

*C. Please provide any additional information that highlights and supports your capability to undertake the proposed project activities:

11. Fill in the **Budget Details**, and click **Submit**.

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Budget Details

* indicates required field

* Cost Category
Direct Program Cost

* Details / Justification
Details / Justification

* Cost
\$67,676

Submit



Note: The system will show an error message if the Total Budget requested doesn't match the Total Grant Funds Requested in the application form.

12. Fill in the rest of the details and click **Next**.

[Implementation Plan](#)
[Attachments](#)
[Review Page](#)
[Grant Terms and Conditions](#)

Direct cost refers to the cost which is directly attributable/traceable/chargeable to this grant initiative.
Indirect cost refers to the cost which cannot be directly attributable/traceable/chargeable to this grant initiative.

Please fill in the Budget Request Form for the costs of developing and implementing your program. Additional rows can be added to accommodate additional activities and costs. Proposal submissions must show that the majority of the funds will be used to achieve the grant goals.

Add Program Cost

Project Name				
COST CATEGORY	DETAILS / JUSTIFICATION	COST	EDIT	DELETE
Direct Program Cost	Details / Justification	\$67,676.00		

Total Budget Request : \$67,676.00

*A. Does the partner organizations have a plan to sustain the project work beyond this grant's period of performance?

No

*C. Please provide any additional information that highlights and supports your capability to undertake the proposed project activities:

provide any additional information that highlights and supports your capability to undertake the proposed project

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You will enter the **Implementation Plan** page.

13. Fill in the details and scroll down.

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Implementation Plan

Click here to view definitions

Grant applications must include proposals related to either HCBS hospital liaison and/or other innovation improvements. Projects related to dedicated HCBS hospital liaison will be given top priority.

* Indicates required field

HCBS Hospital Liaison

*A. Does this proposed project identify a way to dedicate ASAP personnel to serve as an HCBS Hospital liaison to support connecting individuals to HCBS services?

Yes

*A.1 Please provide an overview of how the ASAP(s) and hospital(s) intend to use this grant opportunity to support the establishment of the new position to be known as the "HCBS hospital liaison".

Please provide an overview of how the ASAP(s) and hospital(s) intend to use this grant opportunity to support the establishment of the new position to be known as the "HCBS hospital liaison"

*A.2 Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department.

Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department



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***A.3 Please provide an overview of how the hospital(s) will incorporate the new hospital liaison into the hospital workflow.**

Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department

***A.4 Please provide an overview of how the ASAP(s) and the hospital(s) plan to delineate roles and responsibilities of overseeing, managing and most importantly, supporting the HCBS hospital liaison and their work under this grant program.**

Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department

☒ ***A.5** The applicant attests that the HCBS Hospital Liaison(s) will be invited to participate in rounds, have access to medical records and other hospital resources as necessary and agreed upon by the hospital and ASAP.

☒ ***A.6** The applicant attests that the HCBS Hospital Liaison(s) will have a dedicated work space at the partnering hospital(s).

☒ ***A.7** The applicant attests that the HCBS Hospital Liaison(s) will have access to a dedicated space to facilitate conversations with individuals their families and loved ones.

☒ ***A.8** The applicant attests that the ASAP and Hospital have discussed and agreed upon expectations regarding time commitment, including but not limited to scheduled daily and weekly hours at the hospital.

14. Click on **Add Implementation Plan Task** to add a projected timeline for task on your HCBS hospital liason implementation plan.

A.9 Is there any additional information about your dedicated HCBS Hospital Liaison plan that you would like the grant review team to be aware of when considering your partnership application?

Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department

Please add your projected timeline for at least four tasks on your HCBS hospital liaison implementation plan.

Implementation Plan Timeline

[Add Implementation Plan Task](#)

ACTIVITY/TASK	DESCRIPTION	START DATE	END DATE	RESPONSIBLE PARTY	EDIT	DELETE
---------------	-------------	------------	----------	-------------------	------	--------

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15. Create an Activity/Task and click **Submit**.



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Implementation Plan

* Indicates required field

*Activity/ Task

New task

*Description

This is for the new task

*Start Date

10-19-2022

*End Date

10-27-2022

*Responsible Party

ABCN

Submit

16. Follow the same process and create a minimum of four tasks and click **Next**.

limited to scheduled daily and weekly hours at the hospital.

A.9 Is there any additional information about your dedicated HCBS Hospital Liaison plan that you would like the grant review team to be aware of when considering your partnership application?

Please provide an overview of the the agreed upon roles and responsibilities of the new HCBS Hospital Liaison(s). Please include details related to how the new liaison will support in connecting individuals to HCBS services after an acute hospital stay and/or admission to the emergency department

Please add your projected timeline for at least four tasks on your HCBS hospital liaison implementation plan.

Implementation Plan Timeline

Add Implementation Plan Task

ACTIVITY/TASK	DESCRIPTION	START DATE	END DATE	RESPONSIBLE PARTY	EDIT	DELETE
New task	This is for the new task	10/19/2022	10/27/2022	ABCN		
HNB Task	This is a new task	10/04/2022	10/27/2022	BNHG		
KLJH	This is a new task	10/16/2022	10/27/2022	NMHJ		
SHNG	This is a new task	10/17/2022	10/27/2022	NMJH		

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You will enter the **Attachments** page.



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17. Click on the **Click Here to Upload/View Documents** link.

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Attachments [Click here to view definitions](#)

* indicates required field

Please upload all required grant documents, and any additional supplemental materials and/or documentation, that will support and bolster your application.

Required Documents:

Document Name	Action
*1. Letter of executive approval/demonstration of commitment from the partnering hospital's Chief Medical Officer, Chief Nursing Officer and/or the Chief Case Manager.	Click Here to Upload/View Documents
Please upload the document to proceed	
*2. Letter of executive approval/demonstrated commitment from the ASAP's Executive Director, Director of Clinical Services and/or Chief Operating Officer.	Click Here to Upload/View Documents
Please upload the document to proceed	
3. Letter of executive approval/demonstrated commitment from all additional partnering organization(s) leadership (if applicable)	Click Here to Upload/View Documents
Please upload the document to proceed	
4. You may also upload any additional documentation that supports or bolsters your application	Click Here to Upload/View Documents

[Click here to download Hspt to Home Reporting Template](#)

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18. Click on **Upload Files**, select the file, and click **Done** once uploaded.

Document Name Action

*1. Letter of executive approval/demonstration of commitment from the partnering hospital's Chief Medical Officer, Chief Nursing Officer and/or the Chief Case Manager. [Click Here to Upload/View Documents](#)

Attach Files

[Upload Files](#) Or drop files

No Files Found

organization(s) leadership (if applicable)

19. If you want to delete any file, click the **Click Here to Upload/View Documents** link and click the **Delete** icon to delete the file.



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20. Upon uploading all the required files, click **Next**.

You will enter the **Review** page.

21. Review the details by expanding each section. Click **Edit** if you need to edit any section.


22. Click **Next** once you review all sections.

You will enter the **Grant Terms and Conditions** page.

23. Read the Terms and Conditions, select the checkboxes, provide the necessary details, and click **Submit**.



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- Application Form
- Partnership Form
- Project Form
- Budget Request Narrative Form
- Implementation Plan
- Attachments
- Review Page
- Grant Terms and Conditions**

Grant Terms and Conditions

* indicates required field

Please refresh the page if you are unable to submit the application after selecting all the terms and conditions checkbox.

REQUIRED CERTIFICATIONS AND ACKNOWLEDGEMENTS

Indicate the Applicant's certification to, acknowledgement of and/or agreement with the statements below by checking the box associated with each statement. Please refer to the RFA for the definition of capitalized terms used in this response.

A. Aging Services Access Point


By submitting this response, the Applicant certifies that:

- ☒ *It is a Massachusetts provider certified through the MA Executive Office of Elderly Affairs.
- ☒ *It will use any grant payment only for the purposes described in the Applicant's grant application and consistent with the requirements of the RFA and will produce receipts or other evidence that the funds were used as proposed and approved with otherwise comply with the terms of the RFA and the Payment Agreement.
- ☒ *It is obligated to return to EOHHS the amount of funding not used as proposed and approved, or otherwise in a manner that is inconsistent with the terms of the RFA and the Payment Agreement.

B. Requirements for Recipients

If the Applicant receives a payment under the Grant Program, it acknowledges and agrees that:

- ☒ *It will execute a payment agreement with EOHHS, consisting of: The Terms and Conditions set forth in Attachment D in the RFA, The Commonwealth of Massachusetts Standard Contract Form
- ☒ *It will abide by all terms and conditions set forth or incorporated in the Payment Agreement, including, without limitation: Restrictions on the use of funds Reporting requirement; and Standard Contract Form Instructions, Contractor Certifications, and Commonwealth Terms and Conditions

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☒ *It will abide by all terms and conditions set forth or incorporated in the Payment Agreement, including, without limitation: Restrictions on the use of funds Reporting requirement; and Standard Contract Form Instructions, Contractor Certifications, and Commonwealth Terms and Conditions

C. Other Certifications

The applicant certifies that:

- ☒ *The information in this response is true and complete
- ☒ *The response will remain in effect until a Payment Agreement resulting from this response is executed, or EOHHS otherwise notifies the Applicant that it is not eligible under the RFA; and
- ☒ *This response is electronically signed by Applicant's authorized signatory

APPLICANT SIGNATURE

*Organization Legal Name

BHNG Organization

By:

*Name of Signatory

Allen

*Title of Signatory

Manager

Date


10/27/2022

PreviousSubmit

The grant application will be submitted and a reference number is generated.



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Application Submitted Successfully
Thank you for submitting the application. The reference number for this submission is **PN-00757**
Click [here](#) to download a copy of your submission.
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VIEW GRANT APPLICATIONS

On the homepage, you can view the grant applications available under various categories such as Draft, Submitted, In-review, Information Requested, and Approved.

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All applications and reports



34 Draft

17 Submitted

3 In-Review

0 Information Requested

1 Approved

Grant Detail	Actions
 10% PN-00637	Resume
 10%_optional field PN-00632	Resume