

Adult Day Health & Day Habilitation Community Inclusion Transportation Grant

- Page 0

The screenshot shows a web interface for a grant application. At the top, there is a dark blue header with a logo on the left, the word "Home" in the center, and "TEST TEST" with a dropdown arrow on the right. Below the header, there is a light gray navigation bar with a "← Back" link on the left and an "Apply" button on the right. The main content area features a light blue box with a graduation cap icon on the left. The box contains the following text:

Adult Day Health & Day Habilitation Community Inclusion Transportation Grant Due Date: Feb 3, 2023

- Day Services Community Inclusion Transportation Improvement Grant Due Date: 02/03/23
- Existing Adult Day Health and Day Habilitation providers that are enrolled in MassHealth are eligible to apply.
- Applicants with multiple sites are free to do either of the following: 1) submit one application that covers multiple sites; or 2) submit one application for one specific site.

At the bottom of the page, a dark gray footer contains the text: "For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com."

● Page 1: Application Form

Home TEST TEST

Application Form Click here to view definitions

Application Form

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

* 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

Please complete each question listed below.

A. Name of Organization Applying for Funds: B. Parent Company Name (if applicable):

Hannah's Test Business

C. MMARS Vendor Code:

VCO00000004

*D. Project Name

Project Test

*E. Location(s) of your proposed program

Location Test

*F. Total Grant Funds Requested.
Note: The max grant amount is \$150,000

\$150,000.00

2. ORGANIZATION CONTACT INFORMATION

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

*Organization *First Name

test test

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

Home TEST TEST

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

*Organization *First Name

test test

*Last Name *Title

test test

*Phone Phone Extension

(234)-234 2344 1234567890

*Email

test@test.com

B. Secondary Contact Person:

*Organization *First Name

test1 test1

*Last Name *Title

test1 test1

*Phone Phone Extension

(234)-555 5555

*Email

test1@test.com

*C. Will any additional organizations also be included as subcontractors as part of this application?

Yes

Next

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

- Page 2: Subcontractors Form

Home TEST TEST

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

Click here to view definitions

Subcontractors Form Add Subcontractors

1. SUBCONTRACTORS CONTACT INFORMATION Add Subcontractors

Please list all subcontractors not already listed in the application summary form.
 You may add rows as needed.

ORGANIZATION	FIRST NAME	LAST NAME	TITLE	PHONE	PHONE EXTENSION	EMAIL	EDIT	DELETE
orgtest	first	last	title	599-923-9299	2	testingsub@te st.com		

Previous Next

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

“Add Subcontractors”

Home TEST TEST

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

Click here to view definitions

Subcontractors Form Add Subcontractors

* indicates required field

*Organization First Name

Last Name Title

Phone Phone Extension

Email

Submit

Previous Next

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

● Page 3: Project Form

Home TEST TEST

Project Form [Click here to view definitions](#)

1. CURRENT STATE

* Indicates required field

*A. Does your agency currently provide transportation for individuals to and from the program?
 Yes No

*B. Does your agency currently provide transportation for day program individuals for community inclusion activities such as field trips, outings, events etc.?
 Yes No

C. If so, describe current cadence and types of activities.

Lorem Ipsum G

*D. Are you able to offer community inclusion activities for all of your day program participants?
Yes

*E. How many people on average per day attend your day program(s)?
1

*F. Of your average attendees, how many are you currently equipped to provide transportation for community inclusion activities such as field trips, outings, events etc.?
2

*G. Of your average attendees, how many are you currently equipped to provide transportation to and from the day program?
3

*H. Please list the additional ways that individuals receiving day services get to and from your day program(s) (i.e., walk, natural support, public transit, third party vendor- list name, etc.)
 Lorem Ipsum G

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

Home TEST TEST

*I. Please list the current barriers individuals receiving day program service face in accessing transportation to and from the day program for and/or inclusion in community activities.
 Lorem Ipsum G

J. Is there any additional information about your current transportation services that you would like the grant review team to know?
 Lorem Ipsum G

K. 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 transportation to and from adult day program and community integration activities such as field trips, outings, events etc.?
 Lorem Ipsum G

2. PROJECT DESCRIPTION

*A. Please indicate if your application proposal is to increase transportation to and from the day program, increase transportation for community inclusion for day program participants, or both.
Both

*B. Please indicate if none, some, or all of your application is for purchasing vehicle(s).
All

*C. Please indicate if none, some, or all of your application is for maintenance or repairs on existing vehicle(s).
All

*D. Please indicate if none, some, or all of your application is to purchase ride passes/tickets with a third party vendor like Uber, Lyft, or Public Transit.
All

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.



2. PROJECT DESCRIPTION

*A. Please indicate if your application proposal is to increase transportation to and from the day program, increase transportation for community inclusion for day program participants, or both.

Both

*B. Please indicate if none, some, or all of your application is for purchasing vehicle(s).

All

*C. Please indicate if none, some, or all of your application is for maintenance or repairs on existing vehicle(s)

All

*D. Please indicate if none, some, or all of your application is to purchase ride passes/tickets with a third party vendor like Uber, Lyft, or Public Transit.

All

*E. Please indicate if your application includes innovations other than the ones above to increase access to day transportation.

Yes

F. If yes, please describe your other innovations to increase access to transportation for day program participants.

Lorem Ipsum

*G. Please provide a summary of the services and activities you are proposing to implement with this grant funding.

Lorem Ipsum

Previous Next

- Page 4: Budget Request Narrative Form

Home
TEST TEST

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

Budget Request Narrative Form Click here to view definitions

* indicates required field

Total Grant Funds Requested: \$150,000.00

Direct cost refers to the cost which is directly attributable/traceable/chargeable to this grant initiative (i.e. costs for additional rides, new vehicles, vehicle insurance)
 Indirect cost refers to the cost which cannot be directly attributable/traceable/chargeable to this grant initiative (i.e. administrative expenses)

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 Test COST CATEGORY	DETAILS / JUSTIFICATION	COST	EDIT	DELETE
Direct Program Cost	Lorem Ipsum	\$50,000.00	✎	✖
Indirect Cost	Lorem Ipsum Lorem Ipsum	\$25,000.00	✎	✖
Direct Program Cost	Lorem Ipsum Lorem Ipsum Lorem Ipsum	\$75,000.00	✎	✖

Total Budget Request : \$150,000.00

Project Budget

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

B. If yes to above, please describe.

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

Home
TEST TEST

Project Test COST CATEGORY	DETAILS / JUSTIFICATION	COST	EDIT	DELETE
Direct Program Cost	Lorem Ipsum	\$50,000.00	✎	✖
Indirect Cost	Lorem Ipsum Lorem Ipsum	\$25,000.00	✎	✖
Direct Program Cost	Lorem Ipsum Lorem Ipsum Lorem Ipsum	\$75,000.00	✎	✖

Total Budget Request : \$150,000.00

Project Budget

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

B. If yes to above, please describe.

Lorem Ipsum C

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

Lorem Ipsum C

Previous
Next

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

"Add Program Cost"

Home TEST TEST

Budget Details
* indicates required field

*Cost Category

*Details / Justification

*Cost

Submit

Click here to view definitions

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

vehicle insurance)
additional activities and costs. Proposal submissions must show

Add Program Cost

EDIT	DELETE

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to customersupport@tribex.com.

- Page 5: Implementation Plan

Home TEST TEST

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

Implementation Plan Click here to view definitions

Please add at least one task from this initiative to the implementation plan timeline. You may add up to 10 rows.

[Add Implementation Plan Task](#)

ACTIVITY/TASK	DESCRIPTION	START DATE	END DATE	RESPONSIBLE PARTY	EDIT	DELETE
Test Activity	Lorem Ipsum	12/20/2022	12/22/2022	Test Party		

[Previous](#) [Next](#)

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

“Add Implementation Plan Task”

Home TEST TEST

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

Implementation Plan Click here to view definitions

* Indicates required field

*Activity/ Task *Description

*Start Date *End Date

*Responsible Party

[Submit](#)

[Previous](#) [Next](#)

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

- Page 6: Attachments

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxib2b.com.

“Click Here to Upload/View Documents”

● Page 7: Review Page

The screenshot shows a web application interface with a dark blue header. On the left is a vertical navigation menu with a list of items: Application Form, Subcontractors Form, Project Form, Budget Request Narrative Form, Implementation Plan, Attachments, Review Page (highlighted with a blue circle), and Grant Terms and Conditions. The main content area is titled 'Review Page' and contains a list of form links: Application Form, Subcontractors Form, Project Form, Budget Request Narrative Form, Implementation Plan Form, and Attachment Form. To the right of each link is a blue 'Edit' button. At the bottom right of the main content area are two buttons: 'Previous' and 'Next'. A dark footer bar at the bottom contains the text: 'For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.'

● Page 8: Grant Terms and Conditions

Home TEST TEST

- Application Form
- Subcontractors 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.

Part 7: 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 **Attachment A to the RFA** for the definitions of capitalized terms used in this form.

A. MassHealth-enrolled Day Services Provider

By submitting this form, the Applicant certifies that:

- *It is an Adult Day Health or Day Habilitation provider enrolled in MassHealth and in good standing
- *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 Contract.
- *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 Contract.

B. Requirements for Recipients

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

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

C. Other Certifications

The applicant certifies that:

- *The information in the Applicant's Response is true and complete;
- *No interest will conflict with the performance of services required under the RFA and Contract (See Section 5.14 of Attachment A.);

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

Home TEST TEST

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

C. Other Certifications

The applicant certifies that:

- *The information in the Applicant's Response is true and complete;
- *No interest will conflict with the performance of services required under the RFA and Contract (See Section 5.14 of Attachment A.);
- *The Response will remain in effect until a Contract resulting from this response is executed, or EOHHS otherwise notifies the Applicant that it is not eligible under the RFA; and
- *The Response is electronically signed by Applicant's authorized signatory.

APPLICANT SIGNATURE

*Organization Legal Name
Test Organization

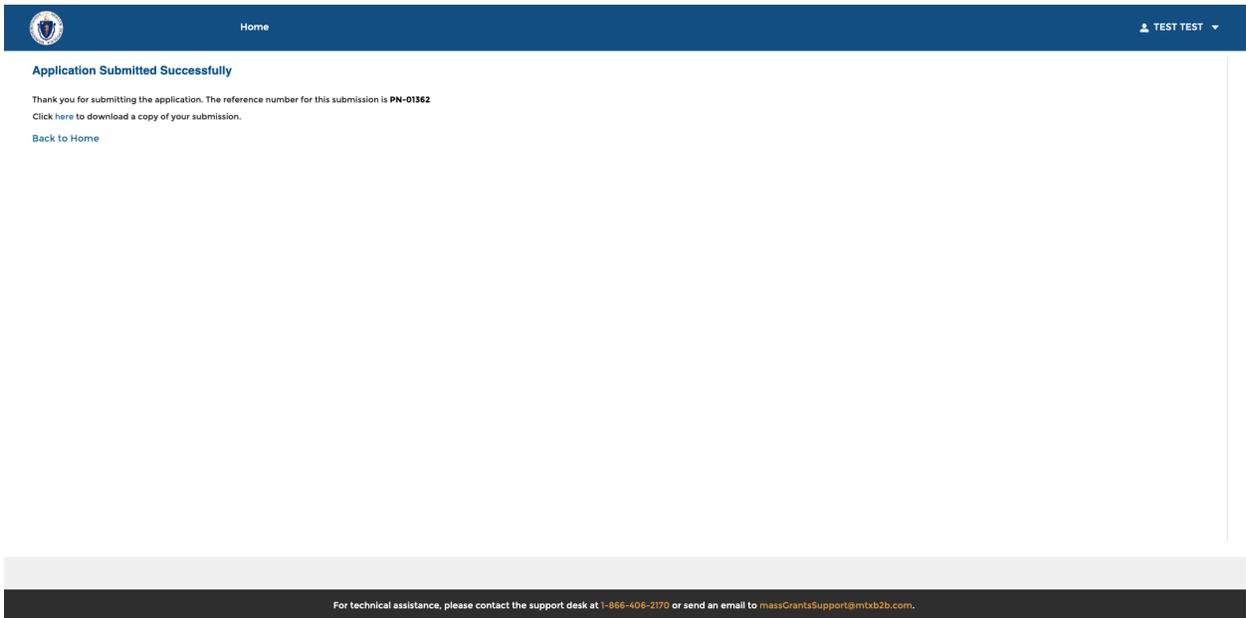
By:
*Name of Signatory
Test Test

*Title of Signatory
Lorem Ipsum

Date
12/15/2022

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtxb2b.com.

- Page 9: Thank You



The screenshot shows a web page with a dark blue header. On the left of the header is a circular logo, and in the center is the text 'Home'. On the right is a user profile icon and the text 'TEST TEST' with a dropdown arrow. Below the header, the main content area has a title 'Application Submitted Successfully' in bold. Underneath is a paragraph: 'Thank you for submitting the application. The reference number for this submission is PN-01362'. Below that is a link: 'Click here to download a copy of your submission.' At the bottom of the content area is another link: 'Back to Home'. A light gray footer bar is positioned above a dark gray footer bar. The dark gray footer bar contains the text: 'For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtx52b.com.'

● Page: Definitions

Home TEST TEST

[Click here to view definitions](#)

Definitions:

Activity: The set of implementation actions for each program. Each program will have several activities.
Example: The creation of a leadership development training includes the following activities: 1. Designing the curriculum and content for the leadership development training; 2. Marketing the leadership development training; 3. Identifying trainers; 4. Executing the leadership development training in a hybrid format to accommodate flexible participation.

Budget: Each application must detail the cost of each program and associated activities.

- **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.

Diversity: Variety in people's lived experiences, perspectives, identities, languages, cultures, and values.

Metrics: Specific, measurable, and relevant measurements used to evaluate the success of a program.
Example: Number of new applications received pre- and post-implementation of a recruitment strategy.

Project: Overall scope and submission requested by the applicant.

Subcontractor: Any entity with which the Contractor enters into an agreement for the provision of all or part of its services for any program area or function that relates to the delivery or payment of services.

Total Implementation Funds Requested: The total cost of the project.

For technical assistance, please contact the support desk at 1-866-406-2170 or send an email to massGrantsSupport@mtx52b.com.