# Civil Money Penalty Reinvestment Program (CMPRP) Application Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** |  |  | **Project category** |  |
| **CMPRP project title** |  |  | **Reviewer name** |  |
| **Organization** |  |  | **Reviewer contact information** |  |
| **Amount requested** |  |  | **Date CMPRP received application** |  |
| **Projected dates or time period of project** |  |  | **Date review returned to CMS RO** |  |
| **CMP application unique identifier** |  |

## Project Summary

Insert a brief, one paragraph summary of the project.

## Prohibited Uses

The following prohibited uses are present in the CMP application:

|  |  |
| --- | --- |
|  | Duplicative funding, or supplants federal or state funding for the same project(s) or function as the CMP project(s) or use(s) |
|  | A project timeline that extends beyond three years (36 months) |
|  | Research projects where the benefit to nursing home residents is unknown, the research entity is the main beneficiary of the project, or a large portion of the budget is not for the direct benefit of nursing home residents |
|  | Projects, items or services for which there is not a clear and direct relationship to improving the quality of life and care of nursing home residents, or protecting such residents. For example, the nursing home population is not the main focus of this project |
|  | Projects for which a conflict of interest or the appearance of a conflict of interest exists with the entity(ies) who will benefit from the intended project(s) or use(s) |
|  | Other: Insert a brief summary of the perceived prohibited use of funds. |

## Problematic Budget Items

The following problematic budget items are present in the CMP application:

|  |  |
| --- | --- |
|  | Nursing home staffing, services, or items the nursing home is responsible for |
|  | Capital expenses or improvements to a facility |
|  | The requestor plans on charging other entities for items or services funded by CMP monies (e.g. conferences, webinars, or trainings) |
|  | Incentives (e.g., for attending training or completing a survey) |
|  | Refreshments or food for conferences or similar functions (e.g., trainings, meetings) |
|  | Excessive expenses. (e.g., travel expenses that do not align with generally accepted rates such as those of the State or Federal Government, or excessive salaries or fringe benefits) |
|  | Other: Insert a brief summary of the perceived problematic budget area |

## Reasonableness

The checkmarks below indicate whether the CMP application does/does not meet the following criteria for reasonableness:

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | The project benefits nursing home residents. |
|  |  | The project seems reasonable and is likely to lead to improvements to resident quality of care or quality of life. |
|  |  | There is a gap or need for the project. |
|  |  | The budget is reasonable, itemized, and easy to review. |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **N/A** |  |
|  |  |  | If there is travel and the submitter is charging a per diem, the per diem rates are reasonable and aligned to State or Federal requirements ([www.gsa.gov](http://www.gsa.gov)). |
|  |  |  | Sustainability is addressed in the application, or is not applicable to the project. |

## Review Summary

The application contains a prohibited use.

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| *Insert a brief summary of the prohibited use(s)* |

The application contains a problematic budget item.

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| --- |
| *Insert a brief summary of the problematic budget item(s)* |

The application contains information that does not meet the criteria for reasonableness.

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| --- |
| *Insert a brief summary of the information that does not meet the criteria for reasonableness.* |

The application has no deficiencies.

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| *Provide a brief description of the application’s strengths, if any.* |

The review process required additional information/corrections from the applicant.

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| --- |
| *Describe corrective action process with state/candidate. Include dates, POC, information requested, and if/how it was resolved* |

The application contains other information that is useful for reviewer’s awareness.

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| *Provide a brief description of other information useful to the application’s review.* |