



278 Rocky Hollow Road
Erin, TN 37061
931-289-4141

October 23, 2018

Mr. Vincent L. Davis, MPH

Director, Office of Health Care Facilities

Tennessee Department of Health

665 Mainstream Drive

Nashville, TN 37243

Dear Mr. Davis:

On behalf of Signature HealthCARE of Erin, we appreciate the opportunity to submit this request for \$45,000.00 to utilize civil monetary penalty funds. If approved, funds will enrich the lives of nursing home Elders through group education focused on person-directed care practices. Signature HealthCARE is an Eden Alternative registered home committed to culture change and person-directed care. We have 164 beds and our occupancy rate is consistently 90% or above. We have been a Five Star rated home for over 9 years and strive daily to maintain that rating. We are the only skilled nursing home in Erin and have a strong reputation in our county and surrounding counties. We believe in our Veterans, community and intergenerational involvement which is evidenced by our presence and support at local events and soon the very first Pre-K class in our home.

We do not take lightly the task of caring for our Elders in their home. We began our culture change journey in 2013 when we became an Eden Alternative registered home. The mission and vision of the Eden Alternative as well as the resources and training they provide coordinate perfectly with this vision of our home. We have been using the neighborhood model for over five years which allows our Elders to have a voice in day to day operations and events. Elders choice is a high priority in our home and at the fore front of decision making.

The keystone of this proposed project is a comprehensive educational experience developed by The Eden Alternative entitled *Certified Eden Associate Training and Eden Educator Training*.


The associate training is a 3-day training that illustrates why institutional models of care cannot adequately support the well-being of each individual. It accomplishes this by providing practical tools, resources and inspiration that empower nursing home employees to initiate effective and sustainable culture change journeys based on person-directed practices in their organizations. Employees leave the training feeling empowered and inspired to customize care based on the needs of the individual, as opposed to the needs of the institution.

The Eden Educator training is a powerful way to develop a culture change professional and to deepen person-directed practices in our home.

We are seeking funds that would allow our remaining care partners to become Certified Eden Associates. I have personally attended the training and it is an uplifting and powerful training tool and ideals to initiate. It challenges one not to settle for the ways things have always been done in nursing homes and empowers you to lead the change! The culture change education will support our journey to becoming a complete Holistic Care model, it will empower our Care Partners to promote change and our Elders will reap the rewards. We are respectfully requesting \$45,000.00 to provide this treasured education.

On behalf of Signature Healthcare of Erin, thank you in advance for your review and consideration, resulting in a final approval of this request.

Barry Cotton, Administrator

A handwritten signature in black ink, appearing to be 'Barry Cotton', written over a horizontal line. The signature is stylized and somewhat cursive.

Signature HealthCare of Erin

REQUEST

Date of Application: $\frac{10}{MM} / \frac{23}{DD} / \frac{2019}{YYYY}$

PART I: Background Information

Name of the Organization: Signature Healthcare of Erin

Address Line 1: 278 Rocky Hollow Road

Address Line 2: _____

City, County, State, Zip Code: Erin, Houston, Tennessee, 37061

Tax Identification Number: 260578297

CMS Certification Number, if applicable:

4	4
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5	3	7	7
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Medicaid Provider Number, if applicable:

0	4
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4	5	3	7
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Name of the Project Leader: Barry Cotton

Address: 278 Rocky Hollow Road

City, County, State, Zip Code: Erin, Houston, Tennessee, 37061

Internet E-mail Address: admin.erin@signaturehealthcarellc.com

Telephone Number:

9	3	1
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2	8	9
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4	1	4	1
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Mobile Number:

5	6	1
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7	5	8
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2	2	1	3
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Have other funding sources been applied for and/or granted for this proposal? Yes No

If yes, please explain/identify sources and amount.

PART II: Applicable to Certified Nursing Home Applicants

Name of the Facility: Signature HealthCare of Erin

Address Line 1: 278 Rocky Hollow Road

Address Line 2: _____

City, County, State, Zip Code: Erin, Houston, Tennessee, 37061

Telephone Number:

9	3	1
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2	8	9
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CMS Certification Number:

4	4
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5	3	7	7
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Medicaid Provider Number:

0	4
---	---

 -

5	4	3	7
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Date of Last Recertification Survey: $\frac{06}{MM} / \frac{25}{DD} / \frac{2019}{YYYY}$

Highest Scope and Severity Determination: (A - L) N/A

Date of Last Complaint Survey: $\frac{06}{MM} / \frac{25}{DD} / \frac{2019}{YYYY}$

Highest Scope and Severity Determination: (A - L) N/A



Currently Enrolled in the Special Focus Facility (SFF) Initiative? Yes No

Previously Designated as a Special Focus Facility? Yes No

Participating in a Systems Improvement Agreement? Yes No

Administrator's Name: Barry Cotton

Owner of the Nursing Home: LP CR Holdings LLC

CEO Telephone Number:

5	0	2
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5	6	8
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7	8	0	0
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CEO Email Address: jsteier@signaturehealthcarellc.com

Name of the Management Company: Signature Healthcare Clinical Consulting Services, LLC

Chain Affiliation (please specify) Name and Address of Parent Organization: _____

Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299

Outstanding Civil Money Penalty? Yes No

Nursing Home Compare Star Rating: 5 (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: 03 / 14 / 2010
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership? Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify _____

**Part IV:
Funding Category**

 10-23-18

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 45,000.00

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 or less | <input type="checkbox"/> \$10,001 – \$25,000 |
| <input type="checkbox"/> \$2,501 – \$5,000 | <input checked="" type="checkbox"/> \$25,001 – \$50,000 |
| <input type="checkbox"/> \$5,001 – \$10,000 | <input type="checkbox"/> Over \$50,000 |

**Part V:
Proposed Period of Support**

From: $\frac{04}{MM} / \frac{01}{DD} / \frac{2019}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{04}{MM} / \frac{01}{DD} / \frac{2020}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

 10-23-18

PROJECT TITLE

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

ATTACHMENT B
GRANT BUDGET
(BUDGET PAGE 1)

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning DATE, and ending DATE.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$38,000.00	\$0.00	\$38000.00
5	Supplies		\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping		\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance		\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$7000.00	\$0.00	\$7000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²		\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²		\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$45,000.00	\$0.00	\$45,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT B (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Eden Alternative Education for 120 Stakeholders at \$300.00 per individual, One Educator \$2000.00	\$38,000.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Food & Beverage for in person training for 120 people projected at 50\$ per day. Travel expenses for Educator \$1000.00	\$7000.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

Objective To work in a position that will utilize my skills and qualifications to set forth an initiative of change.

Experience

Administrator/AIT

January 2008-current Signature HealthCARE of Erin, Erin, TN 37061

- Oversee facility of 190+ employees and 140+ residents
- Lead the facility management staff and consultants in developing and working from a business plan that focuses on all aspects of facility operations, including setting priorities and job assignments.
- Performed Social Services duties for Residents in AIT program.
- Manage facility budgets and business practices to include labor costs, accounts payables and accounts receivables.

Regional HR Director for Tennessee

2004-2008 Signature HealthCARE/Home Quality Management

- Design and implement HR policies and procedures, job descriptions, forms and programs in facilities
- Assist with organizational planning, organizational development, employment, indoctrination and training, employee relations, compensation, benefits, safety and health, and employee services.

Human Resource Director

July 2003- 2004 Home Quality Management, Erin, TN 37061

- Management duties including, but not limited to, hiring, training and developing, coaching and counseling, and terminating department staff as deemed necessary.
- Ensuring that regulatory compliance, Human Resources Policies, Drug Free Work Place Program, and the HR Policies and Procedures are followed.

Education

University of Kentucky, Lexington, KY

1991-1993

- Associates of Arts in Human Services

Lisa Moore

5514 East Main Street
Erin, TN 37061

Experience:

Signature HealthCARE of Erin

April 2014

*Plan, organize, and direct programs of activities, which provides opportunity for entertainment, exercise, relaxation and expression, while fulfilling basic psychological, social, and spiritual needs, which will be available to all Elders of the home. Assists the physically, emotionally, and cognitively impaired Elder and family to explore appropriate avocation/leisure pursuits.

State of Tennessee 46-hour basic training for Activity Coordinators

September 2015

Eden Associate Training

April 2016

Eden Academy "Culture Change Champion"

March 2017

Eden Academy "Wise Leadership"

May 2017

Eden Academy "Well-being, The Core of Daily Life"

October 2017

Eden Academy "Communication, Key to Person Directed Care"

May 2018

Certified Pharmacy Technician

September 2009

Guest Speaker:

Eden Alternative Conference

May 2018

GENERAL ASSURANCES


Assurance is hereby provided that:

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
 - a. The laws of the State of Tennessee;
 - b. Title VI of the federal Civil Rights Act of 1964;
 - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
 - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
 - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
 - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.



Signature of Applicant Agency Administrator

10/23/12

Date Signed (Month/Day/Year)

Signature HealthCare of Erin

Timeline as follows:

Upon receipt of grant	Assemble Education Team comprised of key direct caregivers and leaders with an agenda to meet regarding grant details. Enroll Eden Educator Training for QOL Director A.S.A.P.	Responsibility of Administrator to assemble. Quality of Life Director
2 months after grant is received	Complete baseline information for Eden Alternative Warmth Surveys and Eden Alternative Well-Being Surveys for Elders, Families and Care Partners to gather baseline data.	Education team to complete surveys to be submitted with 1 st quarter report
3 months after grant is received	Complete Eden Associate Training for 30 Care Partners	Education completed by Lisa Moore. Director to set up dates and times
6 months after grant is received	Complete Eden Associate Training for 30 Care Partners	Education completed by Lisa Moore
9 months after grant is received	Repeat Eden Alternative Well-Being Surveys along With Eden Alternative Warmth Surveys with Elders, Families and Care Partners	Education team to complete Surveys to be submitted with 3 rd Quarter report
9 Months after grant is Received	Complete Eden Associate Training for 30 Care Partners	Education completed by Lisa Moore
12 Months after grant is Received	Complete Eden Associate Training for 30 Care Partners	Education completed by Lisa Moore
12 Months after grant is Received	Repeat Eden Alternative Well- Being Surveys along With Eden Alternative Warmth Surveys with Elders, Families and Care Partners	Education team to complete Surveys to be submitted With 4 th quarter report

Part VII: Expected Outcomes:

Project Abstract:

Signature HealthCARE's mission and vision as a company is to "radically change the landscape of long term care forever." Signature Healthcare of Erin believes the pathway to achieve this radical transformation is through the development of education at all levels in our home. Since joining the Eden Alternative Registry in 2013, Signature Healthcare of Erin has aggressively embraced culture change. As Quality of Life Director of our home, I will be responsible for the grant project, along with our Administrator. I became a Certified Eden Associate in 2016 and our Administrator in 2013. We have worked to build a strong culture over the past few years and are one of the top in our company on our journey. The project's ultimate goal is to provide, Eden Educator Training for myself, so I can train our care partners after 90 days of hire date and train the current 90% of our Care Partners with the three day Eden Associate training. We feel there is a great need for continued education in the long term care setting and this opportunity is rarely afforded to direct caregivers. With having an Eden Educator on our Leadership team it will help break down the barriers and cost for the training. Other objectives would include a increase in Care Partners retention and decrease in turn over, as well as stronger interactions between direct Care Partners and Elders in our home. It will give our Care Partners, at all levels, deeper roots in our homes culture. We will utilize the use of both well-being and warmth surveys to measure the depth of the effects of our education efforts. We will also be able to use the Quality Indicators as a measurement tool to connect the dots between quality of life and quality of care.

Statement of Need:

Currently we have been able to offer Certified Eden Associate training to approximately 10% of our Stakeholders. The 10% is primarily compiled of our facility leadership positions. We feel it is critical to have our direct Care Partners become educated and become Certified Eden Associates. Having a in-house Eden Educator it will make the task straightforward. An increased number of Eden Associates will drive culture deeper in our home and allow us to hardwire systems for the future. We have been unable to achieve this in the past due to lack of funds.

We realize that this is only one step of our commitment to further education and empowerment for our direct care partners. We will continue to provide ongoing education on culture change initiatives ourselves to help facilitate our culture change goals.

Program Description:

Signature HealthCARE of Erin became an Eden Alternative certified building 2013. The Eden Alternative consists currently of four Path to Mastery modules. Currently our home has completed two of those milestones. We are currently working on Milestone 3. We realize that to facilitate personal transformation we would need to conduct massive amounts of education with every Stakeholder. We hold "Learning Congresses", "Town Hall Meetings" and "Neighborhood Meetings" for all our Care Partners, Elders, families and offer informal education in other ways. Currently about 10% of our Stakeholders have been through Certified Eden Associate training. This has been a slow process due to lack of funds.

Signature HealthCare Erin

We have always been a leader in our company to think outside the box and have been a strong leader in the culture change movement. Our dream is to become a home with “Holistic Caregivers”. In this model positions are combined to care for Elders in a more intimate way. We have been working on this alternative model of care for the several years and one of our Neighborhoods have become successful at meeting this model, however we lack one key component to greater success. We believe that the success of this model depends on integration of Eden Alternative education among our direct care partners. We know they hold the keys to the culture change journey in their hands and we want to empower them with additional education. We’d like to offer Eden education to the remaining 90% of our Care Partners and continue the Eden Associate training to all Care Partners after 90 days.

Implementation Plan:

Education will be delivered by Lisa Moore, Quality of Life Director after Eden Educator training. By working in our home on a daily basis, no travel/salary costs would be incurred (after initial educator training cost) and we would receive a discounted rate for this grant project through Eden Alternative by teaching our classes in house. It will be a new expedition for myself and our home but I feel confident that it will be one meet with a huge victory for everyone in our home.

Trainees will consist of direct care nurses, nursing assistants, activity assistants, restorative nurses, dietary staff, housekeepers and key administrative staff. With having an in house educator, we will be able to educate our Elders and families that would interested. New Care Partners will attain training eligibility after demonstrating commitment to our home after 90 days of empowerment. We propose training for myself as an educator immediately after upon receiving the grant. Then we plan to educate 30 Care Partners per quarter over the next four quarters in an effort to have everyone receive training by April 1,2020.

VIII: Results Measurement:

We believe that by providing Eden Associate Training to all of our direct caregivers, we will be able to increase overall well-being in our home. We also feel this will improve the climate of our home, causing it to be more fertile ground for culture change practices in the future. We plan to measure overall well-being through the use of the Eden Alternative Well Being Measurement Tool. We will measure climate through the use of Eden Alternative Warmth Surveys. The combined scores from these two tools will be powerful in telling us the level of intimacy we have created among our Elders, Stakeholders and Families. We will also collect data on key Quality Indicators such as Falls, Weight Loss, Pressure Ulcers, Pain and Signs/Symptoms of Depression quarterly to identify improvements. This will all be done with our Quality Assurance nurse on a monthly basis.

Part IX: Benefits to Nursing Home Residents:

The benefits for moving to a Holistic Caregiver model are significant. We've realized this new model gives our Care Partners additional time to build meaningful relationships and close bonds with our Elders. This improved interaction will hopefully assist with retention and turn over, it's hard to leave who you love. We feel with more hands on time with our Elders; falls, wounds and weight loss will improve.

When nursing home employees are encouraged to build deep knowing relationships with Elders and other care partners, the sense of purpose behind their work is significantly enhanced. Meaning, one of the Eden Alternative Domains of Well-Being, is essential for care partners to become fully engaged in their work. A sense of autonomy and the opportunity for growth (also Domains of Well-Being) play an equally vital role in employee engagement. Employees who are empowered to be responsive, encouraged to engage meaningfully with others, and can continue to grow stay in their jobs. This strengthens care partner relationships and the ability for Elders and their care partners to become well-known over time. Enhancing the Domains of Autonomy, Growth, and Meaning also enables organizations practicing The Eden Alternative to experience a sustained reduction in turnover.

We have started building the path to being Holistic Caregiver Model but our goal is to spread it to all of our Neighborhoods. Holistic Caregivers feel they are able to devote more time to meeting the individual needs of the Elder, creating spontaneous activities, learning the Elders simple pleasures and fulfilling little dreams/hopes on a daily basis. This not only impacts quality of care but forms strong bonds between Elder and Care Partner.

Finally, we feel that true quality of life is determined by our ability to give individualized care and forming meaningful relationships. The knowledge to understand the importance of person directed care relies heavily on the level of education given during the course of time. We feel that by providing more direct caregivers opportunities for better understanding of culture change we will create a model that breeds strong quality of care and quality of life.

Part X Consumer/Stakeholder Involvement:

We feel that by creating an Education Team to spearhead this grant process we will be able to get many more people involved. Elders will also have increased opportunities to attend Eden Associate Trainings as well as families. We also hope that people will recognize the need for education of this caliber and suggest additional methods of education they would love to have. This will help us to improve our relationships with all entities. Signature HealthCare has already trained 2500 Eden Associates and have 53 homes on the Eden Registry. As a company they are very involved in promoting and facilitating culture change in all of their homes. They are always eager to support us in our adventures and they will be encouraging us to move forward with all grant processes.

Part XI Funding:

To achieve our goal of having an on-site Eden Educator trained and 90% of our Stakeholders attend Eden Associate training we would need to have 120 people attend Eden Associate training over the course of the year. This will break down into 30 people per quarter for four quarters to meet our goal. This will include costs for tuition, meals, travel expenses for Eden Educator training for Care Partners during the training days. We are requesting a total of \$45,000. This breaks down as \$38,000 for Eden Associate Education and Eden Educator training, \$1000 for travel expenses for Educator training and \$6000 for food/beverage costs during in person meetings. Please see attached spreadsheet for detailed information.

Part XII Involved Organizations:

Signature Healthcare of Erin

278 Rocky Hollow Road

Erin, TN 37061

(423) 727-7800

Barry Cotton, Administrator

admin.erin@signaturehealthcarellc.com

Educators:

Lisa Moore, Quality of Life Director

278 Rocky Hollow Road

Erin, TN 37061

931-801-1058

act.erin@signaturehealthcarellc.com

Funding:

To achieve our goal of having an on-site Eden Educator trained and 90% of our Stakeholders attend Eden Associate training we would need to have 120 people attend Eden Associate training over the course of the year. This will break down into 30 people per quarter for four quarters to meet our goal. This will include costs for tuition, meals, travel expenses for Eden Educator training for Care Partners during the training days. We are requesting a total of \$45,000. This breaks down as \$38,000 for Eden Associate Education and Eden Educator training, \$1000 for travel expenses for Educator training and \$6000 for food/beverage costs during in person meetings. Please see attached spreadsheet for detailed information.

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act.erin@signaturehealthcarellc.com

Conflict of Interest/Attestation Statement:

There are no conflicts of interest regarding this grant application with Signature Healthcare of Erin or Educators outlined in this grant project. We attest to use the CMP funds, should we get them, to promote quality of life/quality of care and exactly as we have submitted for them to be used for.