

## Grants Portal Job Aid: Application for Nursing Facility Workforce Relief Program - 2023

Applicants should thoroughly read the ARPA Nursing Facility Workforce Relief Program Guidance and Frequently Asked Questions document for additional, detailed information. It may be found on the Ohio Grants Partnership website at: <https://grants.ohio.gov/>

- 1) After visiting <https://grants.ohio.gov/>, click on Funding Opportunities, top of page.



- 2) Locate the funding opportunity named, **ARPA Nursing Facility Workforce Relief Program** and click the link (as shown below).





- 3) View the application overview then scroll down and save all attachments. **Applications must be completed in one sitting**, so it is helpful to gather the required information in advance. When ready, select the **Register** button.

## ARPA Nursing Facility Workforce Relief Program

### Overview

Opportunity Number	OH-ARPA-NFWRP-2023
Federal Funding Organization	U.S. Department of Treasury
Ohio Funding Opportunity Categories	Health & Human Services, Workforce and Innovation, COVID-19

### Documents Required at Registration

The following documents must be provided when you apply. When applicable, instructions or templates will be provided in the Attachments section. Only PDF, Microsoft Word, PowerPoint or Excel formats will be accepted.

#### Test Attachment 1

Explanation

### Attachments

Funding Opportunity Documentation (1)	
2023 Nursing Facility Workforce Relief Program Terms and Conditions (pdf)	03/02/2023



- 4) Respond to each question in the application, completing all required fields marked in **RED**. The name and address entered must be for the responsible applicant entity.

Funding Opportunity

Funding Opportunity ID <b>OH-ARPA-NFWRP-2023</b>	Funding Opportunity Title <b>ARPA Nursing Facility Workforce Relief Program</b>
Primary Funding Organization <b>U.S. Department of Treasury</b>	Awarding Agency <b>Office of Budget &amp; Management</b>
Project Period Start Date	Project Period End Date
Application Due Date <b>04/01/2023</b>	CFDA Number/Title <b>21.027 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS</b>

Funding Application

#### My Organization

In order to apply for this grant, your organization must be one of the following:

- Medicaid Provider
- Skilled Nursing Facility

Select Your Organization Type

Organization Name

Address 1

City

Zip Code

County

Address 2

State

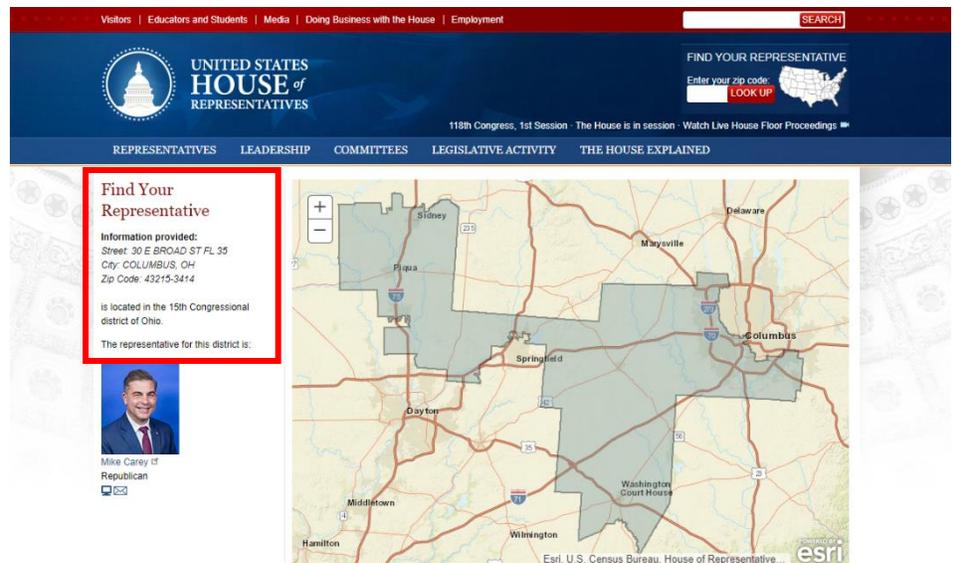
Zip+4

Congressional District

USI

### Side Note:

To look up the Congressional District above, navigate to this website: <https://www.house.gov/>. Enter the zip code in the Representative finder at the top of the page. It may be necessary to enter the full address on the next screen. Once the confirmed Representative appears, the Congressional District is displayed.



- 5) Applicants will be asked to enter its Unique Entity Identifier (UEI). Enter your UEI number if you have one. If you do not have a UEI number, please enter 0.

UEI  
Please fill out this field. if you do not have a UEI number, please enter a zero. UEI must be 12 characters.

\*

- 6.a) Select the Lookup (as shown below) to find the applicant’s Supplier ID. An applicant MUST be registered as a payee with the State of Ohio. A payee is assigned a supplier ID for purposes of payment. An applicant can look up their State of Ohio supplier ID if unknown here. If not registered as a payee, an applicant must first go to Ohio Pays (<https://ohiopays.ohio.gov/>) and register. Once registered, the Supplier ID information will be available to select. Applications without this Payment Information section completed will be rejected and require a new application prior to the deadline.

**Application Overview**

Application Title  
ARPA Nursing Facility Workforce Relief Program

Project Description  
As prescribed by Ohio H.B. 45, section 280.28, funds are provided in a lump sum distribution to be used for eligible workforce relief. Workforce relief is an eligible use of funds under the U.S. Treasury Final Rule when it is provided as a form of “premium pay” to eligible workers performing essential work during the pandemic.

**Payment Information**

*If you have a State of Ohio Supplier ID and have established banking with that Supplier ID, you can associate this application with your State of Ohio Supplier account to receive grant payments via electronic funds transfer. If you have a State of Ohio Supplier ID, please use the lookup tool to select your ID. If you submit a lookup and the results are excessive, add part of your address to the search criteria and try again. Applications without a Supplier ID or applications where the Supplier ID does not have banking associated in the State of Ohio system will be processed via check and mailed. If you wish to register as a supplier or update your banking information, you may do so at <https://supplier.ohio.gov/>. Note that this process may take several days and will delay your ability to complete this application until the process is complete.*

**Lookup** 🔍

- 6.b) Search by supplier ID or supplier name.

Supplier Search [X]

Supplier ID 3 characters required to search.  X

Supplier Name 3 characters required to search.

Address

City  State  Zip Code

- Form Incomplete -

6.c) Please review the records closely before selecting a supplier. Multiple addresses may be associated with a single supplier ID.

Supplier ID	Supplier Name	Address 1	Address 2	City	State	Zip Code
0000132564	OBM	6733 AIRPORT HWY		HOLLAND	OH	43528

7) Additional Questions specific to the funding opportunity must be answered. For additional information see the Nursing Facility Workforce Relief Program guidance.

**Additional Questions**

Provide your Tax Identification Number (TIN) (no hyphens): Limit of 1500 Characters

Provide your 10-digit National Provider Identifier (NPI) (XXXXXXXXXX): Limit of 1500 Characters

Provide your 7-digit Medicaid Provider ID (XXXXXXX): Limit of 1500 Characters

Provide your 6-digit Medicare ID (36XXXX): Limit of 1500 Characters

Has the signed Terms and Conditions been uploaded to the application (note this is required or the application will be rejected)? Limit of 1500 Characters

Is a State of Ohio Supplier ID selected in the Payment Information section of the application (note this is required or the application will be rejected)? Limit of 1500 Characters

- 8) Ensure the Required Document is signed and scanned, then add the file to the application. The file cannot exceed 30MB so compressing the file may be required. If the file still will not load successfully, please email it to [ARPAprovider@obm.ohio.gov](mailto:ARPAprovider@obm.ohio.gov) with the applicant's name and TIN, so it may be attached on your behalf.

**Required Document for this application:**

Nursing Facility Workforce Relief Program Beneficiary Agreement

**Required Documents**

The document(s) listed in the Opportunity Details must be required when you register. When applicable, instructions or templates will be provided. PowerPoint or Excel formats will be accepted.

Upload File(s)

**Uploaded Files (1)**

- 2023 Nursing Facility Workforce Relief Program Beneficiary Agreement (pdf) 03/06/2023

**Add Files** Maximum File Size Allowed: 30 MB

- 9) Provide two contacts for the entity – Authorized Representative and Grant Contact. Two different email addresses must be provided.

**Agreement**

**Authorized Representative:**

The Authorized Representative is the main executive within your organization who is authorizing acceptance of the funds on behalf of your organization. A different person must be listed as the Authorized Representative and Grant Contact.

First Name:  \*

Last Name:  \*

Title:  \*

Email:  \*

Phone:  \*

**Grant Contact:**

The Grant Contact is the main person who will be contacted for monitoring or other questions regarding the use of funds. The Grant Contact will also be responsible for reporting in the Ohio grants portal on behalf of the organization. A different person must be listed as the Authorized Representative and Grant Contact.

First Name:  \*

Last Name:  \*

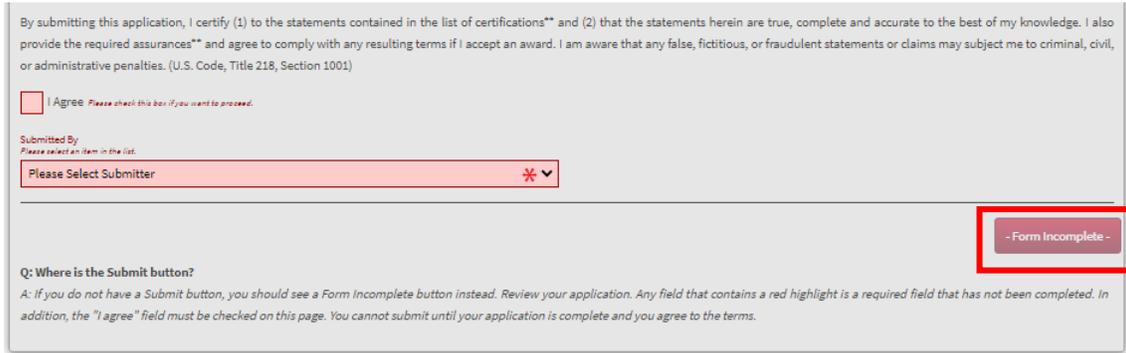
Title:  \*

Email:  \*

Phone:  \*

I understand I am committing my organization to the signed terms and conditions attached to this application. Official award notification and full execution of the award agreement occur upon notice of approval.

- 10) Once all required fields have been completed, select the Submit button. If the Form Incomplete button appears like the example below, a required field is incomplete.



By submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree *Please check this box if you want to proceed.*

Submitted By  
*Please select an item in the list.*

Please Select Submitter \* v

- Form Incomplete -

Q: Where is the Submit button?  
A: If you do not have a Submit button, you should see a Form Incomplete button instead. Review your application. Any field that contains a red highlight is a required field that has not been completed. In addition, the "I agree" field must be checked on this page. You cannot submit until your application is complete and you agree to the terms.

- 11) To verify receipt of the application, an automated email is generated like the example below. If this email does not arrive within 24 hours, email [ARPAprovider@obm.ohio.gov](mailto:ARPAprovider@obm.ohio.gov) to verify successful submission.

Thank you for registering for the following opportunity:

ARPA Nursing Facility Workforce Relief Program

Submitted by [REDACTED]

We have received your registration and will be reviewing it shortly. You will receive a response via email once the review is completed.

Please do not reply to this e-mail. You may contact Ohio Office of Budget and Management at [ARPAprovider@obm.ohio.gov](mailto:ARPAprovider@obm.ohio.gov) <<mailto:ARPAprovider@obm.ohio.gov>> if you have any questions or need assistance with this task.

Sincerely,  
Ohio Office of Budget and Management