

**Department of Veterans Affairs (VA)**  
**Telehealth Grant Program (THGP)**  
**APPLICATION FOR TELEHEALTH GRANT**

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**VA Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-XXXX, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 25 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA Form 10-395 to this email address.

**Privacy Act Statement:** VA is asking you to provide the information requested in this form under the authority of section 701 of Public Law 116-171 for VA to determine your eligibility to receive a grant under the Telehealth Grant Program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA grant programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide the requested information to VA; but if you do not, VA may be unable to process your request for consideration in this program. If you provide VA with your Employer Identification Number (EIN), VA will use it to obtain information relevant to determining whether to award a grant and to administer your grant, if awarded. This information also may be used for other purposes as authorized or required by law.

**Background:** This form is to be completed by applicants for the telehealth grant. VA will use the collected information to evaluate and select recipients for telehealth grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

**Definitions and Telehealth Grant Program Information:** Definitions and Telehealth Grant Program information can be found in the regulations (38 CFR Part 80) and the Notice of Funding Opportunity (NOFO) under which you are submitting this application. Both documents are included as attachments to this application package and are posted on the Telehealth Grant web page [www.va.gov/XXXXXX/XXX.asp](http://www.va.gov/XXXXXX/XXX.asp). Please note that to be eligible for a Telehealth Grant, the applicant must be an organizations that represent or serve Veterans; Nonprofit organizations; Private businesses; or Other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to Veterans. To the extent practicable, VA will award telehealth grants to entities that serve veterans in: Rural and highly rural areas, or areas determined to be medically underserved. See 38 CFR 80 and section 701(q) of [Public Law 116-171](#) for definitions of these and other terms contained throughout the application.



**Submission:** The application must be submitted in accordance with the NOFO. The NOFO specifies the format in which the application must be submitted. Only timely and complete applications will be considered for funding; applications will not be reviewed if incomplete. To be considered timely, the application must be submitted by the time and date specified in the NOFO. Applications received after that time and date will not be accepted. Following the application deadline, applicants will be notified that their applications have been received. To be considered complete, all items requested in this grant application must arrive as a single application package. Materials arriving separately will not be considered and may result in the application being rejected or not funded.

**Documentation and Public Access Requirements:** VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material will be made available for public inspection for a five- year period beginning not less than 30 days after the grant award. Material will be made available in accordance with the [Freedom of Information Act \(5 U.S.C. 552\)](#).

**Warning:** It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include a fine and imprisonment. For details see. [18 USC 1001](#). Misrepresentation of material facts may also be the basis for denial of grant assistance by VA.

**Technical Assistance:** Information on obtaining technical assistance with this application can be found on VA's Telehealth Grant Program web page. at: [www.va.gov/XXXXXX/XXX.asp](#). [Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program Mental Health \(va.gov\)](#)In addition, questions may be directed to the Telehealth Grant Program via email at [XXX@va.gov](#) or via telephone at (202) XXX-XXXX.

## APPLICATION CHECKLIST

An application must include the following items.

<b>Executive Summary</b>
<b>Section A: Background, Qualifications, Experience, &amp; Past Performance of Applicant and Any Identified Community Partners (35 maximum points)</b>
<ol style="list-style-type: none"> <li>1. Background and Organizational History</li> <li>2. Staff Qualifications</li> <li>3. Organizational Qualifications and Past Performance, Including Experience with Veterans</li> </ol>
<b>Section B: Program Concept &amp; Plan (25 maximum points)</b>
<ol style="list-style-type: none"> <li>1. Need for Program</li> <li>2. Outreach Plan</li> <li>3. Program Concept</li> <li>4. Program Implementation Timeline</li> <li>5. Collaboration and Communication with VA (includes Letter of Support)</li> <li>6. Ability to Meet VA's Requirements, Goals, and Objectives for the Telehealth Grant</li> <li>7. Capacity to Run a Telehealth Access Station</li> </ol>
<b>Section C: Quality Assurance &amp; Evaluation Plan (15 maximum points)</b>
<ol style="list-style-type: none"> <li>1. Program Evaluation</li> <li>2. Monitoring</li> <li>3. Remediation</li> <li>4. Management and Reporting</li> </ol>
<b>Section D: Financial Capability &amp; Plan (15 maximum points)</b>
<ol style="list-style-type: none"> <li>1. Organizational Finances</li> <li>2. Financial Feasibility of Utilizing telehealth grant funds</li> </ol>
<b>Section E: Area Linkages and Relations (10 maximum points)</b>
<ol style="list-style-type: none"> <li>1. Area or Community Associations</li> <li>2. Past Working Relationships</li> <li>3. Local Presence and Knowledge</li> <li>4. Integration of Linkages and Program Concept</li> </ol>
<b>Section F: Certifications</b>
<b>Section G: Reference Citations</b>
<b>Exhibit I:</b> Applicant Organizational chart
<b>Exhibit II:</b> Key Personnel Resumes and Hiring Criteria for Proposed Staff
<b>Exhibit III:</b> Program budget (complete attached Microsoft Excel Applicant Budget Template)
<b>Exhibit IV:</b> One or more of the following: IRS ruling certifying tax-exempt status under the IRS Code of 1986, as amended; Partnership Agreement; Articles of Incorporation or By-Laws; and/or Indian Housing Plan Tribal Certification
<b>Exhibit V:</b> Letters of Support from area VA Medical Centers and facilities demonstrating area linkages.

**A) Executive Summary. Provide the following information for the applicant:**

- 1 Applicant's Legal Name (as identified in your Articles of Incorporation):
- 2 Other Names under Which Applicant Does Business:
- 3 Employer Identification Number (EIN) that Corresponds to the Applicant's IRS Ruling Certifying Tax- Exempt Status under the IRS Code of 1986 (Note: EIN will be used to determine whether applicant is delinquent or in default on any Federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C. 552a at note):
- 4 Duns and Bradstreet (DUNS) Number:
- 5 Unique Entity Identifier (UEI)
- 6 Business Address:
- 7 Mailing Address (if different from above) - include both U.S. mailing address and courier (*i.e.*, no P.O. Box) address:
- 8 Contact Person Name:
- 9 Contact Person Title:
- 10 Mailing Address for Contact Person (if different from above):
- 11 Telephone for Contact Person (where the person can be reached during business hours):
- 12 E-mail for Contact Person:
- 13 Optional: If the applicant would like VA to consider any community partner when scoring the applicant, identify for each community partner the following information: name, EIN, business address, mailing address, contact person (name, title, mailing address, telephone, e-mail). Identify the percentage of work expected to be performed by identified community partner.

**B) Telehealth Grant Funds Requested:**

- 1 Amount of telehealth grant funds requested under this NOFO. (maximum \$200,000 per year). \$ \_\_\_\_\_

**C) Projected Eligible Individuals to be Served:**

- 1 Number of Unique Eligible Individuals Estimated to be Served, Per Year

**D) Average Projected Cost per Eligible Individuals**

- 1 Average telehealth grant amount request per Eligible Individual. \$\_\_\_\_\_ (This amount should equal total grant amount divided by number of Eligible Individuals served.)

**E) Proposed Geographical Areas**

- 1 Describe the geographic area where the proposed program will serve. Include the name(s) of the municipalities, counties (or parishes), or tribal lands and, that the proposed program will serve.

- 2 List the Veterans Integrated Service Network (VISN) number(s) in which the proposed program will operate. [Veterans Integrated Services Networks \(VISNs\) - Veterans Health Administration \(va.gov\)](http://www.va.gov)
- 3 List the VA healthcare facility station codes in which the proposed program will operate. ( [VA facilities locations](#))
- 4 Identify which of the following priority regions applies to the geographic area(s) in which the proposed program will operate. Select all that apply:
  - a  Rural community
  - b  Tribal land
  - c  U.S. Territories
  - d  Medically Underserved Areas
  - e  Areas with a high number or percentage of minority Veterans or women Veterans.
  - f  Areas that have experienced high rates of calls to Veterans Crisis Line (VCL)

**F) Applicant Eligibility**

- 1 The applicant is a/an:
  - Organization that represent or serve Veterans; Nonprofit organizations; Private businesses
  - Other interested party for the expansion of telehealth capabilities and the provision of telehealth services to Veterans
  - Entity that serve Veterans in: Rural and highly rural areas, or areas determined to be medically underserved

Outstanding Obligations: Applicant either

- a  Does not have an outstanding obligation to the Federal government that is in arrears and does not have an overdue or unsatisfactory response to an audit
- b  Has an outstanding obligation to the Federal government that is in arrears and/or an overdue or unsatisfactory response to an audit. Describe below:

- 2 Default: Applicant either
  - a  Is not in default by failing to meet the requirements for any previous Federal assistance
  - b  Is in default by failing to meet the requirements for previous Federal assistance. Describe below:

- 3 Identify yes or no and explain in reasonable detail each instance within the past 10 years in which the applicant, any identified community partner, or any principal, partner, director, or officer of the applicant or identified community partner was (complete table below)

ITEM		If no, please describe (attach additional pages if necessary):
i. Convicted of or pleaded guilty or <i>nolo contendere</i> to a crime (other than a traffic offense).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Subject to an order, judgment, or decree (including as a result of a settlement), whether by a court, an administrative agency, or other governmental body, or an arbitral or other alternative dispute resolution tribunal, in any civil proceeding or action in which fraud, gross negligence, willful misconduct, misrepresentation, deceit, dishonesty, breach of any fiduciary duty, embezzlement, looting, conflict of interest, or any similar misdeed was alleged (regardless of whether any wrongdoing was admitted or proven).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Subject to an action or other proceeding, whether before a court, an administrative agency, governmental body, or an arbitral or other alternative dispute resolution tribunal, which, if decided in a manner adverse to the applicant, identified subcontractor, principal, partner, director, or officer (as applicable), would reasonably be expected to adversely affect the ability of the applicant or identified subcontractor to perform its obligations with respect to the proposed program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any Federal department or agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
v. Notified that it is in default of any Federal contract or grant, the reason for the default, and whether the default was cured.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
vi. Had one or more public transactions (Federal, State, or local) terminated for cause or default.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
vii. Party to litigation or a formal Alternative Dispute Resolution (ADR) process (e.g., binding arbitration) involving a claim in excess of \$50,000. For those matters involving a claim equal to or in excess of \$500,000, describe in detail the litigation or ADR process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please attach responses to Sections A-G. Total narrative for these sections cannot exceed 12 pages. Responses must be typed in 12 point, Times New Roman font. All pages must have 1-inch margins. Attached responses must include question number and heading. Please cite all references in text and reference page in Section G, using a numbering format.**

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**SECTION A: Background, Qualifications, Experience, & Past Performance of Applicant and Any Identified Community Partners**

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In scoring the application, VA will award up to 35 points based on the background, qualifications, experience, and past performance, of the applicant, and any subcontractors identified by the applicant as demonstrated by the following:

1. **Background and organizational history**
  - a) Describe applicant's, organization's, and any identified subcontractors', background and organizational history that would help them develop and operate a telehealth access station for beneficiaries.
  - b) Describe evidence that the applicant, and any identified subcontractors, maintain organizational structures with clear lines of reporting and defined responsibilities.
  - c) Describe applicant's, and any identified subcontractors', history of complying with agreements and has not defaulted on financial obligations.
  
2. **Staff qualifications**
  - a) Describe applicant's staff, and any identified subcontractors' staff, that have experience working with beneficiaries or health care recipients.
  - b) Describe applicant's staff, and any identified subcontractors' staff, have experience in establishing an environment suitable for providing telehealth services.
  
3. **Organizational qualifications and past performance**
  - a) Describe applicant, and any identified subcontractors, that have experience partnering with health care organizations to create an environment to provide telehealth services.
  - b) Describe applicant, and any identified subcontractors, that have organizational experience coordinating or administering telehealth services.
  - c) Describe applicant, and any identified subcontractors, that have organizational experience working with beneficiaries.

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**SECTION B: Program Concept & Plan**

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In scoring the application, VA will award up to 25 points based on the applicant's responses to questions contained in this section. Applicants should reference the requirements set forth in the NOFO in preparing these responses.

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1. **Need for Program**
  - a) Demonstrate the need for the telehealth access station amongst rural, highly rural, or medically underserved beneficiaries in the area or community where the telehealth access station will be located.
  - b) Describe how the applicant understands the unique needs of beneficiaries and the community to be served.



2. **Outreach Plan**

- a) Describe how the applicant has a feasible communications plan to inform beneficiaries about the telehealth access station and the services provided.
- b) Describe how the applicant has a plan to provide a welcoming environment that is adequately private, secure, clean and complies with the Americans with Disability Act of 1990 (42 U.S.C. 12101 et seq.) where beneficiaries can participate in their telehealth appointments.

3. **Program Concept**

- a) Describe the program concept, size, scope, and grant management plan are feasible.
- b) Describe how the applicant's program is designed and scoped to meet the needs of beneficiaries in their community. Station availability provides flexible scheduling hours of operation to maximize station utilization.

4. **Program Implementation Timeline**

- a) Complete the following table describing the proposed program's implementation timeline - add additional milestones as applicable:

<b>Milestone</b>	<b># of Calendar Days from Date of Grant Agreement Execution</b>
1. Telehealth Access Station Points of Contact established	
2. Telehealth Access Station setup complete	
3. Attendant training complete	
4. Telehealth Access Station outreach begins	
5. Site opening event complete	
6. Telehealth Access Station services begin	

- a) Describe the program implementation plan that will accomplish the above timeline, including any hiring plan if required.
- b) Describe possible obstacles to program implementation and potential mitigation strategies.

4. **Collaboration and Communication with VA**

- a) Describe the applicant's plan to coordinate outreach and services with local VA facilities. Provide a description of how the applicant will communicate with local VA facilities, including local VA Telehealth Coordinators.
- b) The applicant must submit a Letter of Support from local VA medical facilities confirming the need for the telehealth access station and the intent to partner with the applicant. This letter would acknowledge that the applicant has confirmed telehealth access station need, interest from the community, and a partnership with local VA medical facilities.

5. **Ability to Meet VA's Requirements, Goals, and Objectives for the Telehealth Grant**

- a) Describe how the applicant is committed to ensuring that the telehealth access station meets VA's requirements, goals, and objectives for the telehealth grant as identified in this part and the NOFO.

6. **Capacity to Run a Telehealth Access Station**

- a) Describe how the applicant has sufficient capacity, including staff resources, to safely run a telehealth access station.

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## SECTION C: Quality Assurance & Evaluation Plan

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In scoring the application, VA will award up to 15 points based on the applicant's responses to questions in this section.

### 1. **Program Evaluation**

- a) Describe applicant's clear, realistic, and measurable goals that reflect the grant's aim of providing a telehealth access station to beneficiaries who are in rural, highly rural, or medically underserved areas against which the applicant's program performance can be evaluated. These goals should be aligned with the implementation milestones below and include progress on the grantee's local VA communications plan and beneficiary outreach activities/events:

1. Telehealth Access Station Points of Contact established
2. Telehealth Access Station setup complete
3. Attendant training complete
4. Telehealth Access Station outreach begins
5. Site opening event complete
6. Telehealth Access Station services begin

- b) Describe how applicant plans to continually assess the Telehealth Access Station to identify opportunities for quality improvement.

### 2. **Monitoring**

- a) Describe how the Applicant has adequate controls in place to regularly monitor all aspects of the grant, including any subcontractors, for compliance with all applicable laws, regulations, and guidelines.
- b) Describe how the applicant has adequate financial and operational controls in place to ensure the proper use of telehealth grant funding.
- c) Explain how the applicant has a plan for ensuring that their staff and any subcontractors are appropriately trained, and the telehealth access station maintains compliance with all fire and safety requirements as specified by VA.
- d) Continuously assess the needs of participants and telehealth access stations for quality improvement in key areas such as accessibility, satisfaction, and experience related to the location of the Telehealth Access Station.

3. **Remediation** Describe how the Applicant has a plan to establish a system to remediate non-compliant aspects of the terms of agreement when they are identified.

4. **Management and Reporting** Describe how the applicant's program management team has the capability and a system in place to provide to VA timely and accurate reports at the frequency set by VA.

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## SECTION D: Financial Capability & Plan

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Exhibit III below must also be provided in the Microsoft Excel template. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

1. **Organizational Finances**
  - a) Describe financial controls in place to ensure that program funds are used appropriately. Using the template, provide a detailed one-year program budget that is itemized on a quarterly basis. Include a detailed description of each of the line items contained in the budget narrative template and the underlying assumptions associated with each line-item amount
  - b) Specify all sources of funds to be used to operate the proposed program. Identify each source in a separate line item and the status of the funding, whether the funding is requested, committed, or received.
  - c) Demonstrate how the applicant, and any identified subcontractors, are financially stable.
2. **Financial Feasibility of Program**
  - a) Describe how the applicant has a realistic budget for utilizing grant funding and will submit their implementation timeframe to operate the telehealth access station.
  - b) Describe how the applicant's program is cost-effective and can be effectively and fully implemented on-budget.

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## SECTION E: Area Linkages and Relationships

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In scoring the application, VA will award up to 10 points based on the applicant's responses to questions contained in this section

1. **Area Linkages**
  - a) Provide evidence of established linkages (e.g., MOUs or letters of support) with the Federal government (including VA), State, local or tribal governmental agencies, or private entities for the purposes of providing a telehealth access station to beneficiaries. Applicant may also include a plan to establish such linkages for the purposes of providing a telehealth access station to beneficiaries.
  - b) Provide evidence of the applicant's, and any identified community partners', current coordination, and outreach with federal VA healthcare facilities in the geographic area where telehealth access station will be provided. If more than one VA healthcare facility, list name and location of all and provide evidence for each
2. **Past Working Relationships** Describe the applicant's (or applicant's staff), and any identified subcontractors (or subcontractors' staff), have fostered successful working relationships and experience with public and private organizations providing services to beneficiaries.
3. **Local Presence and Knowledge** Provide evidence of knowledge of and presence in the area or community they intend to serve and how the applicant understands the dynamics of that area or community.
4. **Integration of Linkages and Program Concept** Describe applicant's experience to the area or community they intend to serve will enhance the effectiveness of the applicant's program.

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## SECTION F: Applicant Certifications & Assurances

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The following items require a single certification on the following page by an authorized representative of the applicant requesting a telehealth grant. The list below should be included in the application packet with responses attached and numbered to correspond to the relevant item. VA may require that applicants provide documentation of these certifications.

1. **Compliance** Applicant assures that the applicant and any community partners will comply with all requirements of 38 CFR Part 80, the telehealth grant agreement, and other applicable Federal, State, and local laws and regulations, including Federal civil rights laws. If the applicant intends to request waivers to any requirements included in the preceding citation, please explain.
2. **Accuracy of Application Information** All information submitted with this application is accurate, and does not contain any false, fictitious, or fraudulent statement or entry.
3. **Non-Delinquency** The applicant further certifies that the applicant is not currently in default or delinquent on any debt or loans provided or guaranteed by the Federal Government.
4. **Debarment** The applicant further certifies that the applicant has not been in the preceding three years:
  - a) debarred, suspended or declared ineligible from participating in any Federal program; b) formally proposed for debarment, with a final determination still pending; c) voluntarily excluded from participation in a Federal transaction; or d) indicted, convicted, or had a civil judgment rendered against it for any of the offenses listed in the Regulations Governing Debarment and Suspension (Government wide Nonprocurement Debarment and Suspension Regulations: 49 CFR Part 29).
5. **Reports and Record Retention** If this telehealth grant is awarded, applicant assures that any and all reports required by VA will be made available in such form and contain such information as VA may require. Applicant further assures that upon demand, VA has access to the records upon which such information is based.
6. **Fiscal Control** If this telehealth grant is awarded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the telehealth grant.
7. **Civil Rights** Applicant certifies that this program will comply with all provisions of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.). If applicant does not certify this, applicant has provided information explaining any exceptions to this certification.
8. **Lobbying** The undersigned certifies, to the best of their knowledge and belief, that:
  - (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
  - (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Forms LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**SECTION G: Reference for citations**

All literature that has been cited needs to be listed as a reference here and correspond via a numbering system for identifying the location within the document of the in text cite.

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**Signature:** By submitting this application, the applicant certifies that the facts stated and the certifications and representations made in this application are true, to the best of the applicant's knowledge and belief after due inquiry, and that the applicant has not omitted any material facts. The undersigned is an authorized representative of the applicant.

Applicant:

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Signed:

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Name and Title:

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Date:

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**Exhibit III Applicant Budget Template (Microsoft Excel File)**

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In response to application Section D, question 1.a), applicants are required to provide a detailed one-year program budget that itemizes on a quarterly basis the operational and administrative costs associated with the proposed program. A detailed narrative must accompany the program budget.

The one-year program budget must be completed in the Microsoft Excel template provided. Instructions on the use of this template are as follows:

**Overview**

The Microsoft Excel Applicant Budget Template contains two separate “worksheets” or “tabs.” Applicants are required to complete both tabs. Tab 1 consists of a quarterly breakdown of projected use of telehealth grant funds. Tab 2 consists of a narrative of total program costs.

**Applicant Quarterly Telehealth Grant Funds Budget****General**

- a. Applicant is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.

**Provision and Coordination of Telehealth Access Station (Total must be a minimum of 90% of the total Telehealth Grant Amount)**

- a. Cost for purchasing, replacing, or upgrading hardware or software solely dedicated to the telehealth grant program necessary for the provision of secure and private telehealth services. Equipment must be compatible with telehealth requirements as described in the NOFO and be purchased under warranty. Funds may be used for services to configure grantee-purchased equipment.
- b. Costs for upgrading security protocols for consistency with VA security requirements and applications. Configuring telehealth computing equipment in the private space for telehealth appointments so the equipment does not store patient information when in use by beneficiaries.
- c. Cost for payment for the training of station attendants, including payment of those attendants for completing that training,
- d. Cost for upgrading existing infrastructure owned or leased by the entity to make rooms more conducive to telehealth care, including:
  - i. Additions or modifications to windows or walls in an existing room, or other alterations as needed to create a new, private room, including permits or inspections required in association with space modifications;
  - ii. Soundproofing of an existing room;
  - iii. New electrical, telephone, or internet outlets in an existing room; or
  - iv. Aesthetic enhancements to establish a more suitable therapeutic environment, including, but not limited to, seating for both the beneficiary and caregiver, bariatric seating, and adequate lighting.
- e. Cost for upgrading existing infrastructure to comply with the Americans with Disabilities Act of 1990 (42

U.S.C. 12101 et seq.).

- f. Costs for upgrading internet infrastructure and sustainment of internet services.
- g. Costs for the sustainment of telephone services.

Administrative Expenses (Total cannot exceed 10% of Telehealth Grant Amount)

List all administrative expenses and the quarterly costs associated with each expense. Per 38 CFR 80.75(e) administrative expenses are defined as all direct and indirect costs associated with the management of the telehealth access station. These costs will include the administrative costs, both direct and indirect, of subcontractors.

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**Applicant Budget Narrative**

The budget workbook includes a budget narrative template linked to the budget. Applicants are expected to provide a detailed narrative justification/explanation for all line items listed in budget.