This set of forms will be used by state agencies to request approval for a grant proposal or to purchase an item that is not already on the list of items preapproved by the Arkansas CARES Steering Committee.

## Request For Approval to Submit Grant Proposal -State Agency

The attached form should be used by state agencies to request approval to provide grants necessary to respond to the public health emergency that have not already been pre-approved by the Arkansas CARES Act Steering Committee. Such items include, but are not limited to, emergency medical response expenses, testing supplies, information technology needs or expenses associated with communication and enforcement of health orders related to COVID-19.

Instructions for completing the Approval of Grant Proposal form:

- 1. Provide the Business Area and Name of the Cabinet/Division and the Date of request
- 2. Description/Purpose of Grant: provide a detailed description of the proposed grants and entities/individuals eligible for assistance
- 3. Estimated Total Cost: provide an estimate of the total grants to be awarded
- 4. Estimated Appropriation Needs: provide an estimate of appropriation needs; transfers from the DFA-Disbursing Officer CARES Act holding appropriation require prior approval from Arkansas Legislative Council
- 5. Estimated Funding Needs: provide an estimate of funding needs after all other funding sources have been considered
- Justification of Need: provide the anticipated economic impact of the grant program including the individual grant amounts/number of grants to be awarded, the benefits to the State and possible consequences if the grant proposal is not approved
- 7. Additional Documentation provide any additional information necessary to help the CARES Act Steering Committee make a recommendation to the Governor
- 8. Authorized Signatures if being requested by a Division, the Cabinet Secretary's signature is required
- 9. Form(s) and additional documentation may be scanned and emailed to OAS. CARES@dfa.arkansas.gov
- 10. Form(s) and additional documentation may also be mailed/messenger mailed to:

Arkansas Department of Finance and Administration
Office of Administrative Services
CARESAct- Request for Approval
1515 W. 7<sup>th</sup> Street, Suite 700
Little Rock, AR 72201

Request for Approval of Grant Proposal by the Arkansas CARES Act Steering Committee - State Agency

		Form No.
ARKANSAS CAR	CARES-StAgency-001G	
35 Arkansa	as Department of Inspector General	
Business Area	Cabinet Name/ Division Name	
Description/Purpose of Grant:		
The grant is requested for acquisition	and implementation of a Microsoft PowerApp sol	lution.
Estimated Total Cost:	Estimated Appropriation Needs:	Estimated Funding Needs:
\$11, 298.40	\$8,024.20	\$8,024.20
Department of the Inspector General, receiv conform to HIPAA standards. OMIG was abcontrolled and acceptable manner.  However, OMIG has had to vacate the office the documentation because there is no current.	physical Office of the Arkansas Medicaid Inspector General ed documentation from providers that contain medically colle to adhere to those standards by physically restricting the education due to the pandemic and have the staff work remotely. The entition for adhering to the HIPAA standards while main be physically present in the office and to scan each of the loyees.	onfidential information, and which had to e documentation and sharing it via  This has inhibited the staff's ability to share ntaining the current pandemic rules.
	olution, OMIG will be able to electronically receive HIPAA rest to that documentation. This will allow personnel to work	
Clizabeth Smith Signature of Secretary	Tony Beeler Signature	of Division Director
orginature or decretary	<i>u</i> Signature	יוום ווופטוסון איז
061120	06/12/2	

		Form No.						
0025	Autonoso Donostroout of Inone	CARES-St Agency-001						
0035	Arkansas Department of Inspe	ector General – Office of Medicaid Inspector General						
Business Area	Cabinet Name/ Division Name							
Microsoft PowerApp A pricing table:	cquisition, implementation and suppo	ort for secure documentation sharing solution. Please see the below						
ification of Need:								
Ensure adherence to	HIPAA Requirements during required	d Remote operations.						
	,							
Pizabeth Smith		Taxue Baslas						
	re of Secretary	Tony Beeler Signature of Division Director						
Signatu	•							
Signatu								
Signatu 061120								

## ARKANSAS CARES ACT STEERING COMMITTEE

			C	ustomer	Qty		Cust	omer Annual	
Description	<b>DIS Cost</b>	2%	M	thly Rate	Neede	d		Amt	Notes
PowerApp License	\$ 9.00	\$ 0.18	\$	9.18	10		\$	1,101.60	ongoing monthly fee
PowerApp Access*	\$ 177.50	\$ 3.55	\$	181.05	1		\$	2,172.60	ongoing monthly fee
PowerApp Implementation (hrly charge)	•		\$	95.00	2	20	\$	1,900.00	one time charge
PowerApp Initial Support (hrly charge est									
at 10 hrs/mth for 3 mths) **			\$	95.00	3	30	\$	2,850.00	one time charge
Total 1st year cost							\$	8,024.20	
						-			
Estimated Yr 2 Cost							\$	3,274.20	

<sup>\*</sup>rate up to 1k users, if access increases over 1k additional access points will need to be purchased

<sup>\*\*</sup> Initial support provided for 3 months, up to 30 hours. After this period, support will be provided on an ad hoc basis and billed at the current hourly labor rate)