|  |  |  |  |
| --- | --- | --- | --- |
| **SHIP Grant FY** |  | **Funding Amount** |  |
| **Contributing Hospital** | ABC Hospital | **Contact Person** | Jane Doe |
|  | XYZ Hospital |  |  |
|  |  |  |  |
| **Selected Category** | PB or PPS Investment Activities / ICD-10 Training | | |

**Shared/Consortium/Network Hospital SHIP Funds**

**Network Decision Tree**

Per conversations with the above three hospitals, request was for ABC Institute 3-day Onsite Medicare Boot Camp. Will work with consultant from ABC Institute education staff for dates and location.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **ABC Institute Training** | | |
| **Dates** | Oct 31st – November 3rd 2017 | **Cost** | $23,000 |
| **Agenda/Details** | See attached contract.  Final numbers for room, travel of staff etc. to be determined. | | |