**Coronavirus Small Rural Hospital Improvement Program** (COVID SHIP)

**FY2020 Hospital Quarterly Report Form (Option A)**

***Please email completed form to [Insert SHIP Coordinator name and email] by [due date].***

Reporting Period:[Insert mm/dd/yyyy – mm/dd/yyyy]

**Hospital Name:**

Please indicate the amount of Coronavirus (COVID) SHIP funds that were spent during this reporting period.

|  |  |
| --- | --- |
| **Category** | **Total Amount** |
| Safety | $ |
| Response | $ |
| Maintain | $ |
| **Total spent:** | $ |

**Instructions:** Please provide information about how the COVID SHIP funds were spent during this reporting period in the categories of Safety, Response and Maintain Hospital operations below. An *Example Uses of Funding* list is available [**here**](https://www.ruralcenter.org/sites/default/files/FORHP%20COVID%20SHIP_%20Example%20Uses%20of%20Funding%20%282%29.pdf). This list is not exhaustive, as there may be other allowable uses of funds consistent with the terms and conditions of your award. If you have questions about purchase eligibility, contact [SHIP Coordinator name and email].

**Equipment Definition:** Tangible personal property (including information technology systems); has a useful life of more than one year; is moveable, and has a per-unit acquisition cost of at least $5,000.

# Category: COVID Safety

Purchases made in the **safety** category are intended to ensure hospitals are safe for staff and patients.

1. Equipment

Please describe **COVID safety** equipment purchased during this reporting period. Brand, model, and/or serial numbers are not required.

|  |  |
| --- | --- |
| **Brief description:**(name of item and purpose) |  |
| **Quantity purchased:** | **Unit price:**(including shipping and/or installation) | **Total amount:** (Quantity \* Unit price) |
|  | $ | $ |

1. Non-Equipment

Please describe **COVID safety** purchases (other than equipment) made during this reporting period.

|  |
| --- |
| **Brief description:** (name of item and purpose) |
|  |

# Category: COVID Response

Purchases made in the **response** category are intended to assist hospitals detect, prevent, diagnose, and treat COVID-19.

1. Equipment

Please describe **COVID** **response** equipment purchased during this reporting period. Brand, model, and/or serial numbers are not required.

|  |  |
| --- | --- |
| **Brief description:**(name of item and purpose) |  |
| **Quantity purchased:** | **Unit price:**(including shipping and/or installation) | **Total amount:** (Quantity \* Unit price) |
|  | $ | $ |

1. Non-Equipment

Please describe **COVID** **response** purchases (other than equipment) made during this reporting period.

|  |
| --- |
| **Brief description:** (name of item and purpose) |
|  |

# Category: COVID Maintain Hospital Operations

Purchases made in the **maintain hospital operations** category are intended to assist eligible hospitals in maintaining operations.

1. Equipment

Please describe **COVID hospital operation maintenance** equipment purchased during this reporting period. Brand, model, and/or serial numbers are not required.

|  |  |
| --- | --- |
| **Brief description:**(name of item and purpose) |  |
| **Quantity purchased:** | **Unit price:**(including shipping and/or installation) | **Total amount:** (Quantity \* Unit price) |
|  | $ | $ |

1. Non-Equipment

Please describe **COVID hospital operation maintenance** purchases (other than equipment) made during this reporting period.

|  |
| --- |
| **Brief description:** (name of item and purpose) |
|  |

**If funds were used for hospital staffing and personnel, please check appropriate boxes below.**

[ ]  Hire and/or contract staff to support COVID-19 demand

[ ]  Personnel salaries in response to COVID-19 impacts

[ ]  Paid leave for exposed or vulnerable hospital staff