**American Rescue Plan (ARP)**

**SHIP COVID-19 Testing and Mitigation Program**

**FY21 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 Testing and Mitigation funds spent during this reporting period.

|  |  |
| --- | --- |
| **Category** | **Total Amount** |
| Testing | $ |
| Mitigation | $ |
| **Total spent:** | $ |

**Instructions:** Please complete this form to provide details on use of COVID Testing & Mitigation funds. All activities must be appropriate given relevant clinical and public health guidance. For examples, visit the CDC the [CDC Community Mitigation Framework](https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html) website. Reminder: Funding may not be used for any activity related to vaccine purchase or distribution, but could be used for community vaccine education activities. 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.

**Minor Alteration/Renovation Definition:** Work that changes the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement. Alteration and renovation may include work referred to as improvements, conversion, rehabilitation, remodeling, or modernization, but is distinguished from construction and large-scale permanent improvements.

A/R activities may not increase the total square footage of existing buildings, and may not be part of larger construction projects. A/R projects may not exceed a total cost of $500,000. The following activities are **not** categorized as minor A/R and are **unallowable** under SHIP COVID-19 Testing and Mitigation Program:

* Construction of a building addition;
* Construction of a new building;
* Installation of a modular building;
* Building expansions;
* Work that increases the building footprint; and
* Significant new ground disturbance.

Reminder: For the SHIP COVID Testing program hospitals requesting to spend more than 50% of their award on minor A/R must receive approval from the HRSA Project Officer.

# Category: COVID Testing - Purchase and administer COVID-19 tests

**Enter Number of test administered, if applicable: \_\_\_\_\_\_\_ (estimates acceptable)**

1. Equipment

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

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

# Category: COVID Mitigation - Slow the spread of COVID-19 and protect all individuals, especially those at [increased risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

1. Equipment

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

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

**Minor Alteration/Renovation Reporting**

For each minor A/R project, SORHs must submit additional reporting requirements on behalf of each hospital utilizing SHIP COVID-19 Testing and Mitigation funds for each minor A/R project. The following A/R Certification templates (fillable PDF format) are the requirements to respond to these reporting requirements. An instruction document and A/R Certification templates are available on the [American Rescue Plan SHIP Funding](https://www.ruralcenter.org/ship/american-rescue-plan) webpage: https://www.ruralcenter.org/ship/american-rescue-plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **A/R Requirement Forms** | **Purpose** | **Due Date** | **Link to form** |
| Project Implementation Certification and Itemized Budget for Minor Alteration/Renovation Activities | Verifies an Architect / Engineer (A/E) firm or Contractor has been engaged and that construction and design will be done in accordance with the pertinent laws, codes, and guidelines.Fill out the Itemized Budget for Minor Alteration/Renovation Activities. | Within [Number] days of A/R activity start date | Link |
| Project Completion Certification for Minor Alteration/Renovation Activities | Verifies the minor A/R work is substantially completed and the work has been inspected and approved by the local building permitting department. | Within [Number] days of A/R activity end date. | Link |

**Version History**

|  |  |
| --- | --- |
| **Version** | **Changes** |
| 1 | Original |
| 2 | Minor changes for clarity, Incorporates Minor A/R Definitions and Reporting guidelines |