**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.

# 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) |
|  |