**American Rescue Plan**

**SHIP COVID-19 Testing and Mitigation Program
FY21 Hospital Quarterly Report Form (Option B)**

***Return to [Insert SORH]* by:** **[*Insert Due Date*]**

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

# GENERAL INFORMATION

CMS Certification Number (CCN):

Hospital Data Universal Number System (DUNS) Number:

Hospital Name:

Address:

City:       State:       Zip:       County:

Administrator / CEO:

E-mail:       Phone:

Tribally operated hospital under Titles I and V of P.L. 93-638? Yes [ ]  No [ ]

CAH: Yes [ ]  No [ ]

**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 the appropriateness of a purchase, contact [insert SHIP Coordinator name and email].

**Equipment Definition:**

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

**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.

# Total Funding:

|  |  |  |
| --- | --- | --- |
| **Total funding amount allocated/distributed to your hospital (May not exceed $258,376 per hospital)** | **Total amount spent in prior quarterly reporting periods** | **Total amount of funds spent during this quarterly reporting period** |
| $ | $ | $ |

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

|  |  |
| --- | --- |
| **Total funding spent this reporting period on COVID Testing** (Testing and Mitigation activities may not exceed a total of $258,376 or total awarded amount to hospital) | **Percent of funding spent on COVID Testing in this reporting period.** |
| $ | % |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Brief description of equipment including purpose:** | **Quantity purchased** | **Per-unit price including shipping and/or installation** (List in whole dollars; equipment must be at least $5,000 per unit) | **Total amount $** (Quantity \* Unit Price in whole dollars) |
|  |  | $ | $ |

# COVID Testing Activities

Please select the **testing activities** that your hospital applied funds towards this quarter from the following list:

|  |
| --- |
| Testing: Funding Categories  |
| Enter Number of test administered, if applicable: \_\_\_\_\_\_\_ (estimates acceptable) |
| [ ]  | Procure, provide, or process COVID-19 tests (including at-home tests) |
| [ ]  | Develop and implement strategies for patient testing confidence |
| [ ]  | Access for community populations to address health and social inequities |
| [ ]  | Minor alterations and renovations: installing structures, retrofitting to support COVID testing  |
| [ ]  | Leasing property |
| [ ]  | Planning for implementation of a COVID-19 program, including hiring and training staff, and reporting data. |
| [ ]  | Equipment purchased to support testing |
| [ ]  | Other activities related to COVID-19 testing. Please provide a short description: \_\_\_\_\_\_\_\_\_\_\_ |

**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).

|  |  |
| --- | --- |
| **Total funding spent this reporting period on mitigation** (Testing and Mitigation activities may not exceed a total of $258,376 or total awarded amount to hospital) | **Percent of funding spent on COVID response activities in this reporting period**  |
| $ | % |

**Equipment**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Brief description of equipment including purpose:** | **Quantity purchased** | **Per-unit price including shipping and/or installation** (List in whole dollars; equipment must be at least $5,000 per unit) | **Total amount $** (Quantity \* Unit Price in whole dollars) |
|  |  | $ | $ |

**COVID Mitigation Activities**

Please select the **mitigation activities** that your hospital applied funds towards this quarter from the following list:

|  |
| --- |
| Mitigation: Funding Categories |
| [ ]  | Develop and implement policies and procedures to keep staff and patients health |
| [ ]  | Maintain healthy operations for staff |
| [ ]  | Implement strategies to address employee stress and burnout |
| [ ]  | Investigate COVID-19 cases and conduct contact tracing |
| [ ]  | Minor alterations and renovations to support mitigation efforts |
| [ ]  | Equipment purchase to support mitigation  |
| [ ]  | Use digital technologies to strengthen hospital response to COVID-19 |
| [ ]  | Supporting referrals to testing, clinical services and other supports to mitigation strategies |
| [ ]  | Planning for implementation of COVID-19 mitigation |
| [ ]  | Training providers and staff on COVID-19 mitigation |
| [ ]  | Other activities related to mitigation. Please provide a short description: \_\_\_\_\_\_\_\_\_\_\_ |

**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 |