

FY2020 Coronavirus (COVID) SHIP Quarterly Report Instructions

TIMELINE

Quarter	HRSA Due Date/Submit to EHB	Corresponding Reporting Period
1	7/30/2020	04/01/2020 - 06/30/2020
2	10/30/2020	07/01/2020 - 09/30/2020
3	1/30/2021	10/01/2020 - 12/31/2020
4	4/30/2021	01/01/2021 - 03/31/2021
5	7/30/2021	04/01/2021 - 06/30/2021
6	10/30/2021	07/01/2021 - 09/30/2021

- Save a copy of your Quarter 2 (Q2) spreadsheet submission to your desktop to use as a template for your Q3 report, and name the file (ex. Alaska SHIP COVID Quarter 3 Spreadsheet). Save spreadsheet routinely while adding detailed hospital information.
- By using the Q2 spreadsheet as your template, you will save time by not recreating the hospital rows. See step-by-step instructions below on how to edit your Q2 spreadsheet for Q3 submission.

3. Update Row 2 to "Quarter 3 – Reporting Period 10/1/2020 – 12/31/2020", and in rows 3-5, include your state, name of person completing the report and date report is submitted.

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3b. Reuse the compiled list of hospitals and their coordinating information, making edits only where necessary (i.e. change in CEO, updated contact info, etc.). Ensure that the complete list of hospitals is included, regardless if they had any Q3 activity.

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Quarter 1 - Reporting Period: 04/01/2020 - 06/30/2020 State:													
Date Submitted:				Person Completing Report:									
A. General Information												COVID SHIP	
CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	Administrator or CEO Name	Administrator or CEO Email	Tribally operated hospital under Titles I and V of P.L. 93-638? (Y/N)	CAH? (Y/N)	Total amount awarded or obligated to hospital. No more than \$84,317, less indirect. (Indirect may be up to 15% of \$84,317 or \$12,647.55)	Total amount spent in prior quarterly reporting periods
123456	76652	Charity Hospital	200 Hospital Rd.	Tiny	LA	67981	Madison	John Doe	ceo@charity.org	Y	Y	\$71,699	\$0
654321	25667	Evans Hospital	123 Main St.	Brown	LA	54871	Brown	Jane Doe	ceo@evans.org	N	Y	\$71,699	\$0
54612	56276	Trinity Hospital	2454 E. Park St.	Brower	LA	84267	Franklin	Jack Doe	ceo@trinity.org	N	Y	\$71,699	\$0

3c. Column M remains the same as Q1 and Q2 as the total award or obligation to the hospital less indirect if applied.

3d. Add dollar amount from Column O to the dollar amount in Column N (Q1 and Q2) for a new "Total amount spent in prior quarterly reporting periods".

3e. If Column N is \$0, then move the amount from Q2's Column O to Column N, and update Column O to reflect the total amount of funds spent in Q3. Repeat this step for each hospital listed. If a hospital had Q2 activity but no Q3 activity, enter a zero in Column O, after moving Q2's Column O to Column N.

	A	B	C	L	M	N	O	P
1	FY2020 CORONAVIRUS SHIP Quarterly F							
2	Quarter 1 - Reporting Period: 04/01/2020 - 06							
3	Date Submitted:							
4	COVID SHIP Spending							
5	CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	CAH? (Y/N)	Total amount awarded or obligated to hospital. No more than \$84,317, less indirect. (Indirect may be up to 15% of \$84,317 or \$12,647.55)	Total amount spent in prior quarterly reporting periods	Total amount of funds spent by hospital this quarter	Total balance remaining for hospital (calc)
6								
7								
8	123456	76652	Charity Hospital	Y	\$71,699	\$0	\$18,725	\$52,974
9	654321	25667	Evans Hospital	Y	\$71,699	\$0		\$71,699
10	54612	56276	Trinity Hospital	Y	\$71,699	\$0		\$71,699
11								\$0
12								\$0
13								\$0
14								\$0
15								\$0
16								\$0
17								\$0
Quarterly Reporting Schedule FY2020 COVID SHIP Instructions A. General Information B. COVID Safety C. COVID Response D. COVID Maintain Comments (if any)								

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DEFINITIONS FOR TABS B, C, AND D

- ## Tab B: Safety

[illegible]

If a hospital has two different Equipment purchases under the same category in one reporting period, the two purchases should be added together to determine

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4. Repeat steps from Tab B (Safety), for Tabs C and D (Response and Maintain).
5. After entering all Q3 data, ensure you have the full list of hospitals included in each tab, regardless if there were Q2 purchases or activities. Confirm the amount spent in Q3 Safety, Response, & Maintain Tabs for each hospital align with Column O in the General Information Tab.

7. In the General Information Tab, ensure Columns N,O, and P are in alignment. Reminder: Column P amount auto-populates with a pre-set formula, and the balance of funds remaining for each hospital will be auto calculated (Columns M-N-O = Column P).

	A	B	C	J	K	L	M	N	O	P
1	FY2020 CORONAVIRUS SHIP Quarterly Report									
2	Quarter 1 - Reporting Period: 04/01/2020 - 06/30/2020									
3	Date Submitted:									
4	COVID SHIP Spending									
5	CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	Administrator or CEO Email	Tribally operated hospital under Titles I and V of P.L. 93-638? (Y/N)	CAH? (Y/N)	Total amount awarded or obligated to hospital. No more than \$84,317, less indirect. (Indirect may be up to 15% of \$84,317 or \$12,647.55)	Total amount spent in prior quarterly reporting periods	Total amount of funds spent by hospital this quarter	Total balance remaining for hospital (calc)
6										
7										
14										\$0
15										\$0
16										\$0
17										\$0
18										\$0
19										\$0
20										\$0
21										\$0
22	Totals		2		0	2	\$143,398	\$0	\$0	\$143,398

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8. If hospitals did not have purchases or activities in Q2 and/or Q3, provide an explanation and tentative timeline to use funds in the Comment Tab.

Before submitting to the EHB:

- In the General Tab, ensure you verify Column C's "total number of hospitals" with your state COVID SHIP NOA.
- Include any additional state specific notes for the Project Officer (if applicable) in the "Comments Tab".
- Save final changes to this Excel spreadsheet and submit as your state's COVID Quarter 3 Report. (Please do not submit PDF versions)

QUARTER 1 REPORT INSTRUCTIONS

All hospitals must appear on each quarterly report regardless if funding was disbursed or spent. If no funds were utilized during the quarter, simply enter zeros like the examples below. (*Note: Columns D through L were hidden in the screen shot below for the purpose of keeping the screen shot a manageable size for sharing purposes)

A. General Information			COVID SHIP Spending			
CMS Certification Number (CCN)	Data Universal Number System (DUNS) Number	HOSPITAL NAME	Total amount awarded or obligated to hospital. No more than \$84,317, less indirect. (Indirect may be up to 15% of \$84,317 or \$12,647.55)	Total amount spent in prior quarterly reporting periods	Total amount of funds spent by hospital this quarter	Total balance remaining for hospital (calc)
123456	76652	Charity Hospital	\$71,699	\$0	\$0	\$71,699
234567	56237	Hallmark Hospital	\$71,699	\$0	\$0	\$71,699

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- If at all possible, hospital spending should be reported in the time period in which the funds were spent. Extensions may be granted, with PO approval, to hospitals who request extra time in getting their spending reports to SHIP coordinators.
- Please include all funds spent prior to April 1, 2020 in the Q1 report. In the *Comments* tab, list each hospital who spent funds prior to 4/1/20, and total amount spent, prior to that date.
- If a hospital has two different Equipment purchases under the same category in one reporting period, the two purchases should be added together to determine the average price, which is the dollar amount that would be entered into the **Total Per Unit Cost** column. See example below.

HOSPITAL NAME (prefilled)	Total funding spent on COVID response this quarter	Percentage of funds spent on COVID response (calc)	Brief description of COVID response equipment purchased this quarter: (Brand, model or serial numbers are not required)	Quantity of COVID response equipment units purchased	Total Per-Unit Cost: (Include shipping and/or installation costs in total per-unit cost) Equipment must have a per-unit price of \$5,000+	Total Cost (calc column G*H)
Charity Hospital	\$6,202	#DIV/0!	Portable Transport Ventilator and Portable Telemedicine Cart	2	\$6,775	\$13,550

Once entered into the spreadsheet, in the **Comments Tab**, list the hospital name and the actual prices for each piece of equipment purchased. See example below.

Please indicate any additional comments here.									
1									
2	Charity Hospital purchased two pieces of equipment under COVID Response: A Portable Transport Ventilator (\$6202) and Portable Telemedicine Cart (\$7348).								
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RESOURCES

- [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act SHIP Funding page](#) on the National Rural Health Resource Center's SHIP website.
- [Electronic Code of Federal Regulations \(e-CFR\)](#)