



ASPR Grant Expenditure Justification Form FY 2022-2023

In order to be eligible to submit a justification for expense:

1. The member must be active. Members must be documented as attending 75% of Coalition meetings each fiscal year and have a signed Membership MOU, to be considered active. Official documentation of attendance will include names from roll call listed in minutes for virtual attendees and by way of signature on sign-in sheets for those attending in person. Active members shall designate an alternate representative that will attend meetings at which the member cannot be present.
2. The secretary will maintain an updated roster
 - a. of active members (attending 75% of Coalition meetings each fiscal year) in order to move forward with funding request.
 - b. of new members (members that are in process of meeting the 75% meeting rule) in order to move forward with funding request; however, funding will not be allocated until they have met the 75% rule.
3. Active members will be allowed to submit a proposal for funding considerations to the Vice-Chair that meets the mission, priorities, goals and deliverables of the SCRHCC. Proposals should be submitted at least two weeks prior to the next scheduled Coalition meeting. Proposals must be submitted using the ASPR Grant Expenditure Justification Form that has been approved for use by the South Central Regional Healthcare Coalition Board Members.
4. Any request over \$4,999.99, must have 3 quotes from separate vendors or a sole source justification from the vendor.
5. Any request over \$49,999.99, must have 3 quotes from separate vendors or a vendor sole source justification and a contract.
6. The proposals will be sent to the SCRHCC Board Officers for approval for the requesting partner to present the proposal to the Board Members for a vote of approval at the next Coalition meeting.
7. The Vice-Chairperson will notify the member, in writing, within one week of the scheduled Coalition meeting of the approval of the Board Officers to present the proposal. The proposals will be presented by the active member during the business portion of the SCRHCC meeting in the date order they are approved by the Board Officers.
8. Proposals approved for funding by the SCRHCC Board Members will require the signature of the Chairperson and Treasurer.
9. For items needing State approval, RHC will submit to the State for approval.
10. Once approved/denied by the State, the Chair will notify the Treasurer and requesting member. For approved requests, the Treasurer will work with the requesting member to purchase and submit payment.

Restricted Expenditures

- Expenditures requiring a MOA or another formal agreement for proper utilization must be pre-approved before spending the funds
- All expenditures must meet State procurement rules
- Expenditures more than \$10,000 for an item or items of the same type or equipment items for more than \$5,000 must be pre-approved at the State TDH EP level
- Funding cannot be spent on PPE without State TDH EP pre-approval, TDH maintains a state-level PPE surge cache
- Funding cannot be spent on emergency water treatment equipment or Stop the Bleed projects without prior approval at the State TDH EP level
- Expenditures for patient tracking, alerting, inventory, and volunteer management IT systems must be approved by TDH EP. TDH EP has allocated ASPR and CDC funding to develop and maintain statewide systems for these functions
- HPP funds may not be used to purchase clothing for promotional purposes, such as those items with recipient, HCC, and/or health care organization names/logos, as HPP funding is intended to address acute care patient surge. Clothing that can be used for personal protective equipment (PPE) and/or response purposes, and can be re-issued, may be purchased.
- Awardees may not use funds for research
- Recipients may not generally use funding for the purchase of furniture. Any such proposed spending must be identified in the budget and pre-approved by TDH EP
- Awardees may not use funds for clinical care except as allowed by law. For the purposes of this FOA, clinical care is defined as "directly managing the medical care and treatment of patients"
- HPP awardees cannot use funds to support stand-alone, single-facility exercises
- Payment or reimbursement of backfilling costs for staff is not allowed
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body
- Funds cannot be used for construction or major renovations unless pre-approved by TDH EP
- Recipients cannot spend funds on training courses, exercises and planning resources when similar offerings are available at no cost.
- HCCs may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. Funding to individual health care entities is not permitted to be used to meet Centers for Medicare & Medicaid Services (CMS) conditions of participation, conditions for coverage, or facility requirements (collectively called "CoPs") including the rules set out in "Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers". (81 FR 63860, September 16, 2016).
- All travel and meals paid for with State-provided funding must be reimbursed within the State travel regulation rates

***The SCRHCC does not guarantee with submission of an ASPR Grant Expenditure Request the approval of funding will be granted. For guidance go to <https://www.tn.gov/health/cedep/cedep-emergency-preparedness/surge-management/healthcare-coalitions.html> and download Program Guidance for Healthcare Coalitions.**

SOUTH CENTRAL REGION HEALTHCARE COALITION

ASPR Grant Expenditure Request

Grant Year 2022/2023

Date:	
Name of Entity Requesting Funding:	
Type of Entity Designation:	
Contact Person for this purchase:	Title:
Email:	
Phone:	
Total amount of Expenditure Request:	
Price quote(s) obtained within past 60 days attached. Meets State Expenditure Rules including three quotes or sole source vendor justification letter.	
1. Provide a detailed description of item(s) and quantity requested for purchase: Attach any supporting documentation.	
2. Explain how the expenditure fits into the maintenance or expansion of a current or previous project, include the cost of the entire project outlined by funding source(s) and funding year.	
3. Describe how the purchase requested in box #1 above will enhance the region's capability/capacity to prepare or respond to an emergency. Include a copy of any recent After-Action-Report (AAR) or Corrective Action Plan (CAP) from a real-life event or exercise, Gap Analysis or HVA that identified the preparedness gap.	
4. Describe the role that the entity/hospital fulfills in the regional emergency and disaster response plan and how this purchase will enhance the entity/hospital's ability to contribute to the overall regional response:	

**Enter % amount (increments of 10) next to Capability for the expense. (Total should equal 100%)
Select all Capabilities that this purchase meets.**

- _____ % **Capability 1: Foundation and Operationalize s Healthcare Coalition**
- _____ % **Capability 2: Healthcare and Medical Response Coordination**
- _____ % **Capability 3: Continuity of Healthcare Service Delivery**
- _____ % **Capability 4: Medical Surge**

****FOR HCC USE ONLY****

Date Rec'd by Entity Rep. (If applicable) _____

Date Rec'd by Vice Chair: _____

Date Rec'd by RHC: _____

Is vendor price quotes, using competitive bidding, current (60-days or less)? Yes No

Date Reviewed by Board: _____ APPROVED DENIED

Date presented to Board Members: _____ APPROVED DENIED

Purchase qualifies as part of SCRHCC Gap Analysis Project _____

Approval Signatures (2 required)

Chairperson

Vice-Chairperson

Secretary

Treasurer

Notes/Comments:

Date sent to State for Approval: _____ APPROVED DENIED

State HPP Coordinator Signature: _____ Date: _____

State HPP Coordinator Notes/Comments:

Item Ordered: Yes Item Received: Yes Invoice Paid: Yes

Housing Agreements, Documents, and Serial Numbers to RHC: Yes