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| **Facility Name** | **Facility Address** |
|  |  |
| **Primary Contact** | **Primary Contact Phone** | **Address to send check to** | **Make check payable to** |
|  |  | **Attn:** |  |
| **Administrator/CEO** | **Administrator/CEO Phone** |
|  |  |

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| **Reimbursement Category** | **Description** | **Maximum Amount Available** | **Completed by Facility/ Agency (Mark with ‘X’ or N/A)** |
| **Participate in Communications Tests / Exercises** | The coalition conducts a monthly 800 MHz radio check-in as well as a quarterly communications exercise to identify any gaps within the coalition’s communications plan and processes. Reimbursement for hospital coalition member participation will be provided up to **$633.**To receive full funding, each facility will participate in 100% of the following communications/information sharing processes:a. MNTrac alerts (within the allotted time)b. Monthly and quarterly communications exercises | $633 |  |
| **Business Recovery****Plan Development** | The coalition will work with its’ membership to ensurethat response plans, include planning for recovery at the onset of an event are continuously being evaluated and revised as needed. A workgroup will assist with reviewing and sharing business recovery plan tools and templates. Hospitals that engage in business recovery plan activities and demonstrate a facility-level business recovery plan will be eligible for reimbursement up to **$1,000.** | $1,000 |  |
| **Annual Medical Surge Test** | Coalition staff will continue to provide tools and resources to hospitals to prepare for a medical surge response as needed in emergency departments and hospital in-patient departments. To test these plans, the coalition will be coordinating the annual surge test as required by ASPR. Hospitals that participate will be eligible for reimbursement up to **$1,000** | $1,000 |  |
| **COVID AAR/IP** | Each site seeking reimbursement will create an after-action report/improvement plan (AAR/IP), related to COVID-19 response. All Clear Inc has created an AAR/IP COVID-19 template that can be used, but it is not required. | $673 |  |

To receive funding at the end of FY2020-2021, each facility needs to be a signed member of the coalition. A signed member includes signing the coalition’s memorandum of understanding and bylaws.

Reimbursement documentation needs to be submitted by June 4, 2021 so accounts payable can have enough time to process the reimbursement request.

Each hospital will be required to submit this form as an invoice for the participation reimbursement activities listed above. This form should be emailed to Katrina Hennen @ hennenkat@centracare.com .

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| ***Certification:*** I hereby attest that the above information is accurate to the best of my knowledge. I understand that I may be required to provide documentation of declared reimbursement. |
| **Print Name & Title** |  |
| **Signature** |  |
| **Date** |  |

**Please forward any questions on to:**

Central Healthcare System Preparedness Program

Attn: Katrina Hennen

Cc: Don Sheldrew

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 Donald.sheldrew@centracare.com

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