***CMHPC Facility Reimbursement Request Form***

Hospital/Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of contact email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify which grant this is from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the date of the grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit invoices to [cwchealthcarecoalitions@centracare.com](mailto:cwchealthcarecoalitions@centracare.com)

|  |
| --- |
| INSERT GRANT DELIVERABLES FOR THE INVOICE: |

**The CMHPC Coalition has allocated $\_\_\_\_\_\_\_\_\_\_\_\_ for your facility.** To qualify for this disbursement the following documentation is required to initiate the reimbursement process.

(see examples below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Description/Justification** | **Number of staff hours** | **Salary and fringe** | **Amount to be reimbursed** |
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| Total |  |  | $ |

Continue to add as many items as you need to meet the minimum. Please continue to list any in-kind expenses.

Note: The total amount listed above may exceed the amount designated for the facility. Hospitals can consider the remainder of funds for community benefit/in kind. *At the end of the grant period, a sub-awardee may be reimbursed additional funds with documentation provided if there are leftover monies*. If you have costs not reimbursed with other funding opportunities please list them – even if your amount is exceeded.

Hospitals are responsible for maintaining their documentation for audit purposes.

*I acknowledge that any equipment purchased and reimbursed by the coalition will be maintained within the region. Equipment will be maintained in working order and will be available to support coalition activities if necessary. Any funds disbursed by the coalition as reimbursement for activities related to the grant are to be used within the facility/facilities that received the reimbursement and shall be used within the coalition regional boundaries.*

*I certify that the costs submitted are not reimbursed with other funding opportunities and will not be submitted with future funding opportunities should they arise.*

*I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Federal Award (see list of standards below). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3081-3812).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Completed by Title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
| **RHPC to complete:** | | | |
| Activity 1 | $ | Date Approved: |  |
| Additional | $ | Approved by: |  |
| Total |  |  |  |

All reimbursements must adhere to the following standards:

* Any services or materials that are expected to cost $100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minn. Stat. ch. 16B.
* Services or materials that are expected to cost between $25,000 and $99,999 must be competitively awarded based on a minimum of three verbal quotes or bids.
* Services or materials that are expected to cost between $10,000 and $24,999 must be competitively awarded based on a minimum of two verbal quotes or bids or awarded to a targeted vendor.
* Grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through the following entities are used when possible: v. Grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, awarding and administration of contracts.
* Grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
* Notwithstanding parts (i) through (iv) above, MDH may waive the formal bidding process requirements when:
  + Vendors included in response to a competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  + There is only one legitimate or practical source for such materials or services and Grantee has established that the vendor is charging a fair and reasonable price.
* Grantee must not contract with vendors who are suspended or debarred in Minnesota. The list of debarred vendors is available at: http://www.mmd.admin.state.mn.us/debarredreport.asp.