



Hospital Preparedness Program (HPP) Ebola Assessment Hospital Subgrant

IMPORTANT INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

Your submitted application is FINAL and only ONE application will be accepted. There are no courtesy reviews of applications; if you have questions, contact the Bureau of EMS and Preparedness PRIOR to submitting your application.

If you are applying for Ebola Hospital Assessment funding, you have to be a designated Ebola Assessment Hospital in the State of Idaho.

The grant application is a fillable Adobe document that can be completed using Adobe Reader (www.adobe.com/downloads/). You can verify receipt of the application on the Grant web page at www.idahoems.org.

Application Due: October 31, 2016

	Email - Preferred method	In Person	Mail	Fax
Submission Methods	matottj@dhw.idaho.gov	2224 Old Penitentiary Rd Boise, ID 83712	Bureau of EMS & Preparedness PO Box 83720 Boise, ID 83720-0036	208-334-4015
	Send deadline: 11:59 p.m. October 31, 2016	Close of Business 5:00 p.m. October 31, 2016	Postmarked: October 31, 2016	Send deadline: 11:59 p.m. October 31, 2016

For Bureau Use Only
Date Received by BUREAU OF EMS & PREPAREDNESS Method of Receipt: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Mail
Date Postmarked: _____
Date & time faxed or e-mailed: _____
Date & time delivered to EMS Bureau: _____

Submit by E-mail
(Remember Attachments)

HPP Ebola Assessment Hospital Subgrant Application

This contract is funded by the Hospital Preparedness Program (HPP) Funding for Ebola Preparedness and Response Activities 1 U3REP150518-01-00 awarded 05/22/2015 through the Assistant Secretary for Preparedness and Response (ASPR) with a total award amount of \$884,291

SECTION A: Assessment Hospital Information

1. GENERAL INFORMATION

Hospital Name:

Federal Tax ID#:

Name of Person Completing Application:

Title of Person Completing Application:

Daytime Phone #:

Email:

GUIDELINES AND IMPORTANT INFORMATION

I. Purpose of the HPP Ebola Assessment Hospital Subgrant

The HPP Ebola Assessment Hospital Subgrant was established by Idaho Department of Health and Welfare's (IDHW) Bureau of EMS and Preparedness (EMSP) through the Idaho Hospital Preparedness Program (HPP) Funding for Ebola Virus Disease Hospital Preparedness Activities. The purpose of the HPP Ebola Assessment Hospital Subgrant is to identify priority projects for facility upgrades to create safe and appropriate isolation areas for potential Ebola patients for up to 96 hours while awaiting confirmatory testing and transportation to an Ebola Treatment Center if needed. This is in accordance with the HPP Funding for Ebola Virus Disease Hospital Preparedness Activities.

Possible awards may include, but are not limited to:

- Reconfiguration of patient flow in emergency departments
- Retrofit of inpatient care areas for improved infection control
- Establishment of CMS compliant dedicated space for patient stabilization
- Acquisition of dedicated equipment for patient care or laboratory sample handling
- Infrastructure improvements in handling contaminated waste

To receive federal funds to support the safety and efficiency of care for the treatment of suspected Ebola (and/or highly infectious disease) patients made available through this program must support HPP Funding for Ebola Virus Disease Hospital Preparedness Activities grant guidance.

II. Eligibility Information

If requesting funding for addressing Ebola Assessment Hospital gaps, applicants must be designated as an Idaho Ebola Assessment Hospital.

III. Standard Terms and Conditions of Award

By receiving funds under this subgrant, the recipient assures that it will carry out the project/program as authorized, adhere to requirements laid out in this funding opportunity, and will comply with all terms and conditions and other requirements of this award. The recipient must adhere to all applicable federal statutes and state rules and regulations in regards to becoming a subrecipient of federal dollars.

Funds made available by this award shall not be used by the subrecipient to pay the salary and bonuses of an individual, either as direct costs or indirect costs.

GUIDELINES AND IMPORTANT INFORMATION

IV. Subgrant Specifics

A. Requirements

Application Requirements: Idaho Ebola Assessment Hospitals must be willing to review and determine solutions for gaps identified in the August 2015/April 2016 Ebola Assessment Team Visit – Visit Summary to meet the required improvement actions as determined by the Ebola Assessment Team. Awardees will be expected to provide and itemized budget of projected expenses prior to receiving subgrant funds.

Reporting Requirements: A financial report of spent funds will be due at the end of the subgrant period, along with all documentation of quotes, purchase orders before final invoice to be paid.

Monitoring Requirements: Awardee will notify the Department once all contracted work is complete. At that time, site visits will be conducted to review and determine level of completion to ensure that all gaps paid for with subgrant funding have been addressed

If awarded, the lead applicant will need to acknowledge the following statements in the subgrant documentation:

- No entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. 2 CFR 25.110
- Subgrantees spending \$750,000.00 or more in federal funds during the Subgrantee's fiscal year shall have a Single Audit performed according to 2 CFR 200.500-521 (previously OMB A-133) and shall provide proof of spending.
- The entity shall comply with subaward and executive compensation reporting requirements as required by the [Federal Funding Accountability and Transparency Act \(FFATA\)](#).

B. Amount of Award

Assessment hospitals will be awarded total funds \$125,291.00.

- Ebola Assessment Hospitals: \$31,322.00 (up to four (4) awards)

C. Duration of Funding

January 1, 2017 – June 30, 2017. Projects and expenditures must be completed and incurred during this timeframe.

D. Timeline

- Applications made available: September 9, 2016
- Applications due: October 31, 2016
- Award notification: December 2, 2016
- Subgrant start date: January 1, 2017 (approximate)*

*This subgrant is effective on the date all necessary signatures are obtained. Therefore, activities funded by this grant award may not occur until after the subgrant is established.

E. Award Process

Applications are reviewed and awarded by the Ebola Subgrant Advisory Committee. Once an award decision has been made, a subgrant document will be sent to the applicant for review and signature. This subgrant must be sent back to Contracting and Procurement Services Unit (CAPSU), Idaho Department of Health and Welfare. When the subgrant is fully executed, a signed original will be returned to the applicant. Projects cannot be initiated until the subgrant is signed and established.

Section B: HPP Ebola Assessment Hospital Subgrant Narrative

To give the Ebola Subgrant Advisory Subcommittee a better idea of your hospital's plans for responding to the assessment completed in August of 2015 or April of 2016, please describe how you plan to appropriate the funds to address any gaps identified in the Visit Summary:

SECTION C: Signature Page

As an authorized representative for my hospital, I certify that the information provided in this application document, including any attached supplemental information, is complete and accurate.

I also understand that providing false information on any application or document submitted under these rules is grounds for declaring the application ineligible, and that any and all funds determined to have been acquired on the basis of fraudulent information must be returned to the Bureau of EMS and Preparedness.

I acknowledge that if my hospital is granted an award, the funds will be mailed to the address associated with the tax ID number on file with the State of Idaho Controller's office. If an address change is required, a W-9 must be submitted with the address correction. A [W-9](#) is available upon request.

Further, I acknowledge that if my hospital is granted an award, my hospital will be required to provide follow up documentation to the Bureau.

Name of Person Completing Application:

Title of Person Completing Application:

Name or Signature of Person Authorizing

Signing Authority Position Title:

Date:

Information reported in this application was supported by the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services under the award number 1 U3REP150518-01-00.