

# North Central Florida Healthcare Coalition Project Submission Form 2017-18

## Project Submission Guidelines

1. Requesting agency must be a current member or request membership to the North Central Florida Healthcare Coalition (NCFHCC) as part of the project submission process.
2. Request must demonstrate relevance to the Coalition's mission: *Coordinating preparedness and resilience through all sectors of the healthcare system.*
3. Request must demonstrate a direct link to the Coalition identified goals/gap analysis. Relevant NCFHCC plans and documents can be found on the website – [www.ncfhcc.org](http://www.ncfhcc.org)
4. Projects will provide for geographic diversity within the eleven county region of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union.
5. Funding awards will typically not exceed \$30,000 per project.
6. Projects must address an identified healthcare delivery deficiency, capability or resource gap.
7. Projects must align to and support one of the following capabilities: Continuity of Operations, Emergency Operations Coordination, Information Sharing, Medical Surge, or Mass Fatality.
8. Projects will not be considered if they supplant normal business expenses/core mission requirements.
9. Projects will not be considered if they violate any of the ASPR funding restrictions (see Attachment).
10. Decisions made on funding requests are at the sole discretion of the North Central Florida Healthcare Coalition Board of Directors.
11. The North Central Florida Healthcare Coalition Board of Directors reserves the right to partially fund a request.

## Project Submission Process

1. Coalition shall budget annually the amount of funds available for member projects.
2. Coalition will announce call for project submissions, which will include submission period and project submission deadline – submission period: August 1-31.
3. Coalition members will complete Project Submission form as provided – due date: August 31<sup>st</sup> each year.
4. Requests will be submitted to the Healthcare Coalition Coordinator (Donald Greist – [dgreist@wellflorida.org](mailto:dgreist@wellflorida.org)) and the general Healthcare Coalition email address ([ncfhcc@wellflorida.org](mailto:ncfhcc@wellflorida.org)) for initial review for completeness, then provided to the Project Review Committee. The projects will then be prioritized.
5. The Board of Directors will be provided a list of submitted projects and their prioritization from the Project Review Committee. The Board will have final approval of the prioritized project list.
6. A formal letter of acceptance or denial will be sent to the requesting member within 15 business days of decision – typically end of September or beginning of October.
7. Project funding- whether paid as a reimbursement, in installments, or paid up front- will be determined by the Board of Directors on a case-by-case basis.
8. Once awarded funding, recipient has until June 30<sup>th</sup> to complete their project.

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FUNDING APPLICATION REQUEST			
<b>Project Title:</b>			
<b>Date:</b>		<b>Amount Requested:</b>	
<b>Organization Name:</b>			
<b>Current Address:</b>			
<b>City:</b>	<b>State:</b>		<b>ZIP Code:</b>
CONTACT PERSON INFORMATION			
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>		<b>ZIP Code:</b>
<b>Phone:</b>	<b>Email:</b>		
<b>Title:</b>			
WHICH IDENTIFIED GAP WILL THIS REQUEST FULFILL? (CHECK ALL THAT APPLY)			
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Communications
<input type="checkbox"/>	Shelter	<input type="checkbox"/>	Life Safety
<input type="checkbox"/>	Training	<input type="checkbox"/>	Continuity of Operations
<input type="checkbox"/>	Emergency Operations Coordination	<input type="checkbox"/>	Information Sharing
<input type="checkbox"/>	Medical Surge	<input type="checkbox"/>	Mass Fatality
PROJECT DESCRIPTION			
<p><b>Please Attach:</b></p> <ul style="list-style-type: none"> <li>Project Title/Brief Description (100 word count limit):</li> <li>Which NCFHCC–identified risk or gap does this project address (see Community Vulnerability Assessment; 100 word count limit)</li> <li>If the project does not address a Coalition specific gap or risk, is this a facility based gap? If so, please describe and provide documentation of gap. Documentation can include an After Action Report, Comprehensive Emergency Management Plan, Risk Assessment, Training and Exercise Plan, etc. (100 word count limit)</li> <li>Describe how this project will fill this capability/resource gap? (400 word count limit)</li> <li>What counties and/or agencies will benefit from this project? Is this project scalable to allow other counties/agencies to participate (if training or exercise)? (400 word count limit)</li> <li>What capabilities/resources currently exist to address this risk? (400 word count limit)</li> <li>Name all entities that will receive funding.</li> <li>Does this project sustain previously purchased equipment or supplies?</li> <li>Describe the deliverables for this project (be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90% - 400 word count limit)</li> <li>Provide an itemized budget, by Category (Supplies, Travel, Equipment, Consultant, Member Matching Funding, Other), including description, quantity, unit cost, total cost (400 word count limit).</li> <li>Can this project be completed (items purchased, training/exercise completed, all funds spent) by June 30, 2018?</li> <li>Has this project been discussed with your County Emergency Management and/or your County Health Department/ESF8? Please provide a letter of support from one or both.</li> </ul>			

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NCFHCC Project Submission Process  
2016-17  
Attachment – ASPR Funding Restrictions  
(From ASPR Funding Opportunity Announcement)

Restrictions, which apply to both awardees and their sub awardees, must be taken into account while writing the budget. Restrictions are as follows:

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year.
- Recipients cannot use funds for fund raising activities or lobbying.
- Recipients cannot use funds for research.
- Recipients cannot use funds for construction or major renovations.
- Recipients cannot use funds for clinical care.
- Recipients cannot use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.
- HPP awardees cannot use funds to support stand-alone, single-facility exercises.
- PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.