



COLORADO
North Central Region
Healthcare Coalition

2019-2020 NCR HCC HPP Project Funding Application

Project Funding Application

INSTRUCTIONS

See the [NCR HCC Grant Funding](#) page for application guidance and resource documents.

You will be able to edit your answers prior to application submission. Once the application is submitted, you cannot change your answers.

You will have an opportunity to upload your project budget, W-9, and supplemental documents within this application.

Applications must be submitted by 11:59pm MST on August 16, 2019.

Point of contact for questions:

Michelle Deland

mdeland@ncrhcc.org

303.588.8488

* 1. Applicant Information:

Primary Point of Contact	<input type="text"/>
Organization	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. Total amount of funds requested:

3. If applicable, list any other organizations participating in this project:

* 4. What type of project is this? Select all that apply:

- Planning
- Training
- Exercise
- Communications
- Other (please specify)

* 5. Is your organization providing any funds to supplement this request?

- Yes
- No

* 6. Could this request be placed on a NCR HCC "wishlist" and tabled until the end of the fiscal year, if not funded during this cycle?

Yes

No



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Project Information

* 7. Project description:

* 8. Objective(s) of the project:

* 9. How and to what extent does this project contribute to your organization's capability to effectively prepare for and respond to emergencies?

* 10. Describe how this project supports multiple jurisdictions and/or increases regional health and medical preparedness and response capabilities:

* 11. How does the project align with the NCR HCC Joint Risk Assessment?

* 12. Please indicate which 2017-2022 HPP Objectives this project addresses. Please include a brief explanation of how the project addresses these objectives in the bottom box.

- | | |
|--|--|
| <input type="checkbox"/> Establishing and operationalizing HCC (Capability 1) | <input type="checkbox"/> Planning for continuity of operations (Capability 3) |
| <input type="checkbox"/> Identifying risk and needs (Capability 1) | <input type="checkbox"/> Maintaining access to non-personnel resources during and emergency (Capability 3) |
| <input type="checkbox"/> Developing an HCC Preparedness Plan (Capability 1) | <input type="checkbox"/> Developing strategies to protect healthcare information systems and networks (Capability 3) |
| <input type="checkbox"/> Training and preparing the healthcare and medical workforce (Capability 1) | <input type="checkbox"/> Protecting Responders' safety and health (Capability 3) |
| <input type="checkbox"/> Ensuring preparedness is sustainable (Capability 1) | <input type="checkbox"/> Planning for and coordinating healthcare evacuation and relocation (Capability 3) |
| <input type="checkbox"/> Developing and coordination healthcare organization and HCC response plans (Capability 2) | <input type="checkbox"/> Coordinate healthcare delivery system recovery (Capability 3) |
| <input type="checkbox"/> Utilizing information sharing procedures and platforms (Capability 2) | <input type="checkbox"/> Planning for a medical surge (Capability 4) |
| <input type="checkbox"/> Coordinating response strategy, resources, and communications (Capability 2) | <input type="checkbox"/> Responding to a medical surge (Capability 4) |
| <input type="checkbox"/> Identifying essential functions for healthcare delivery (Capability 3) | |

Please provide a brief description of how this project addresses these objectives:

13. Please explain how this project address the needs of those with access and functional needs, if applicable:

14. Please describe the sustainability plan for this project, if applicable. Please include any ongoing maintenance costs and who will cover these costs following the funding period.

15. If this project is a multi-year and/or phased project that will require additional funding, please provide additional information:



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Supplemental Questions - Purchase of Equipment and/or Supplies

You will only need to complete this section if the proposal includes the purchasing of equipment and/or supplies.

16. Does your project include the purchase of equipment and/or supplies?

Yes

No



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17. Please provide specific information (e.g., brand, item name, item number, etc.) and quantity being requested.

18. Is this resource deployable?

*Deployable resources (and typically their operators) can be requested and mobilized when needed. *Example: specialized medical equipment*

- Yes
- No
- Other (please specify)

19. Is this resource shareable?

*Shareable resources (often do not require operators or specialized training) can be requested and mobilized, when needed.

- Yes
- No
- Other (please specify)

20. Is this resource interoperable?

*Interoperability refers to the ability of the equipment to work seamlessly with other systems or products without any special effort.

- Yes
- No
- Other (please specify)



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Additional Submission Documents

Please upload the following documents:

- **Itemized project budget**
- **Completed W-9**
- **Supplemental documents, *if applicable* (e.g., quotes for products/services, contractor proposals, etc.)**

21. Itemized project budget

Please upload an itemized budget for the project - template provided on NCR HCC website under "Grant Funding." Budget must be converted to a PDF to be uploaded.

Choose File

No file chosen

22. W-9

Please upload a completed W-9 for the primary organization on the application (i.e., the entity that will be submitting invoices for reimbursement).

Choose File

No file chosen

23. Supplemental Documents **if applicable*

Please upload any supplemental documents related to the project (e.g., quotes for products and/or services, vendor proposals, etc.)

Choose File

No file chosen

24. Supplemental Documents **if applicable*

Please upload any supplemental documents related to the project (e.g., quotes for products and/or services, vendor proposals, etc.)

Choose File

No file chosen

25. Supplemental Documents **if applicable*

Please upload any supplemental documents related to the project (e.g., quotes for products and/or services, vendor proposals, etc.)

Choose File

No file chosen



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Project Verification and Submission

* 26. Completion of the information below serves as the electronic signature of the individual completing this application and attests to the accuracy of the information provided.

I, the Requester, understand that I am requesting grant funds from the North Central Region Healthcare Coalition and that such funds are restricted under the guidelines set forth by the Hospital Preparedness Program, the Governance of the North Central Region Healthcare Coalition, and Trailhead Institute (fiscal agent). I agree to provide any documentation required by the Governance Board and/or fiscal agent to authorize payment or review of the appropriateness of the request.

Name

Title

Date

27. Additional Signatures **only if required by the applicant's organization*

Name

Title

Date