



Region 3 Healthcare Coalition Project Submission Form 2023-24

CHAMP, North Central Florida Healthcare Coalition, and Northeast Florida Healthcare Coalition

Application Submission is due Wednesday, May 31, 2023

I have read and agree to the Alliance Project Funding Protocol

Yes

No

Select Coalition Membership

CHAMP (Marion)

North Central (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union)

Northeast (Baker, Clay, Duval, Flagler, Nassau, St. Johns)

Requesting Agency

Project Name

Person Submitting Project Application

Contact information for project lead.

Name

Phone Number

Organization Address

Email

Person Responsible for Purchasing

Contact information for project purchaser (if different).

Purchaser Name

First	Last
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Purchaser Phone Number

Purchaser Email

Type of Project. Check appropriate category.

- Training/Education
- Supplies/Equipment
- Exercise
- Other

If other, please explain:

2017-2022 (HPP) Health Care Preparedness & Response Capabilities. Select the capability the project addresses. You may choose more than one.

- Capability 1: Foundation for Health & Medical Readiness
- Capability 2: Health Care & Medical Response Coordination
- Capability 3: Continuity of Health Care Service Delivery
- Capability 4: Medical Surge

Describe how your project aligns with the capabilities selected above.

Specialty Surge Areas. Check the appropriate option if this project aligns with medical surge/trauma mass casualty in those specialty areas.

- Pediatric Surge
- Burn
- Infectious Disease
- Radiation
- Chemical

Describe Gap/Need - Provide description of the gap and how it was identified e.g., lessons learned and documented in an After-Action Report/Improvement Plan following an exercise or real-world event activation.

Regional Benefit

Describe how your project will benefit the regional healthcare system.

Project Description & Details

Total Funding Requested

What will be purchased? Provide a general list of items to purchase.

Describe how the purchase will fill the above identified gap.

Describe how the project will benefit the specialty surge areas (above), if applicable.

Provide any additional information here, if needed, for the review committee.

Other Funding Opportunities - Are there other potential sources of funding for this project?

- Yes No

If yes, describe efforts to obtain other funding for the project.

Timeframe to complete each step of the project.

Provide estimated timeframe for your agency to complete each phase of the process after receiving notification of funding.

Example: Immediately upon notification of award OR 30 days after notification, etc.

MOA Execution - Approval & Signatures

Project Procurement - Once MOA is executed, timeframe to complete purchases

Submit Reimbursement Request - Includes invoices, proof or receipt and proof of payment

Local Government Partners ONLY

The NEFRC is aware of county purchasing challenges and will assist, when possible, with the purchasing process. NEFRC purchasing rules apply.

Please describe the assistance needed from the NEFRC to complete your purchases.