Illinois Critical Access Hospital Network

*2020 Flex Grant Reporting Form*

***EMS Education Award***

|  |  |
| --- | --- |
| **Hospital:** | |
| **Person Completing Report:** | |
| **Date of Report:** | **Phone:** |
| **Authorized Signature:** | |

*Please complete the following information and return with accompanying budget evaluation form to Laura S. Fischer at* [*lfischer@icahn.org*](mailto:lfischer@icahn.org) *no later than* ***July 31, 2020.***

|  |
| --- |
| 1. **Which category did you use the funds for:**   EMT Continuing Education  EMS Safety Training  Advanced Training Courses  Training Mannequins  American Heart Association Trainings  Physician Programs on Cardiac Care  EMS Community Awareness  1st Responder Training  Needs Assessment Survey  Education Programs from STEMI Centers  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please provide an estimated number (if applicable) of:**  Personnel trained:  EMS entities trained:  EMS entities that have demonstrated improvement based on training:  **Describe your grant program/project and how it was implemented.**  **Did this program/project do the following:**  1) Improve time critical diagnoses of stroke  Yes  No  Not Applicable    2) Improve operations  Yes  No  Not Applicable    3) Improve response time  Yes  No  Not Applicable      **Was a BIS assessment conducted?**  Yes  No  Not Applicable  **Were quality improvement activities implemented?**  Yes  No  Not Applicable    **What Trauma Level are you rated at?**  Trauma Level III  Trauma Level IV  Trauma Level V  **Has your Trauma Level rating changed from the previous year?**  Yes, increased  Yes, decreased  No change |
| 1. **Explain how you achieved the outcomes defined in the application for this grant. If outcomes were not achieved, explain what factors kept you from achieving them.**  |  |  | | --- | --- | | Short term outcomes (less than 6 months) |  | | 1. |  | | 2. |  | | 3. |  | | Long term outcomes (6 months or greater) |  | | 1. |  | | 2. |  | | 3. |  | |
| 1. **Were there any changes to the planning process for the program/project?**   Yes  No   **If yes, please describe.** |
| 1. **Explain how you measured the success of the program/project.**  |  |  | | --- | --- | | Measure 1 |  | | Measure 2 |  | | Measure 3 |  | | Measure 4 |  |   **Was there overall improvement in the operations of EMS, the hospital, and/or the community?**  Yes  No If no, why not? |
| 1. **Please describe any changes to the original budget request and the reasons for the change**. |
| 1. **Please describe any changes to the original timeline or deliverables and the reason(s) for the change. Please describe in detail the plans for the completion of the project.** |
| 1. **Was an audit completed of the Organization’s most recent fiscal year-end by an independent Certified Public Accountant?**   Yes  No  If an audit was completed, what type of audit opinion was issued on the financial statements?  Unqualified  Qualified  Adverse |
| 1. **Was a single audit completed of the Organization’s most recent fiscal year-end? (A single audit is required if more than $500,000 of federal funding is expended in a given fiscal year.)**   Yes  No  **If a single audit was completed, did the Organization have any findings or questioned costs**?  Yes  No  **If findings or questioned costs were in existence, please attach the single audit package for ICAHN’s review.** |

***Budget Evaluation***

**Did you receive your grant award funds?**   Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Grant Amount Received** | **Applicant Contribution** | **Total** |
| Consultant’s Fees |  |  |  |
| Contracted Services |  |  |  |
| Communications/Marketing |  |  |  |
| Education/Training |  |  |  |
| Equipment/Supplies |  |  |  |
| Hardware/Software |  |  |  |
| **Total** |  |  |  |

**Budget Narrative** (Please provide detail of the amounts listed in budget evaluation section above.) **No food expenses are allowed.**

Consultant’s Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software