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* *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 [ ]  NoIf 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