Illinois Critical Access Hospital Network

*2020 Flex Grant Reporting Form*

***Operational Improvement 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:**   Environmental Scan  Capacity building assessment to identify Opportunities  Cyber-Security Updates  Information Technology Infrastructure  Security Assessments  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Describe your grant program/project and how it was implemented.**     **Did this program/project do the following:**  1) Strengthen existing services  Yes  No  Not Applicable  2) Improve IT security  Yes  No  Not Applicable  3) Improve Operational workflow  Yes  No  Not Applicable  4) Improve Patient/Employee Safety  Yes  No  Not Applicable |
| 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 |  | |  |  | | Long term outcomes (6 months or greater) |  | | 1. |  | | 2. |  | | 3. |  | |
| **4. 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 |  |   **Were unknown vulnerabilities detected**?  Yes  No  **Were Operational Improvements made**?  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. Explain the reason(s) for the change. 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 Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software