

**Health and Human Services (HHS) Grant
Hospital Preparedness Program (HPP)
FY 2014-2015 Budget Proposal**

Organization Name: Sunny Beach Hospital	Title/Department: Director of Nursing
Contact Person: John Doe	Phone Number: 318-999-9999
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Reimbursable Limit:	10,000.00
Match Amount (10%):	1,000.00
TOTAL OBLIGATION AMOUNT:	11,000.00

SAMPLE

A. CASH EXPENDITURES

<u>Capability Planning Guide</u>	<u>Description</u>	<u>Amount</u>
CPG 1 - Healthcare System Preparedness	Training	\$ 5,000.00
CPG 2 - Recovery	HVA Assessment, Development of SOP/COOP	\$ 750.00
CPG 3 - Emergency Operation Coordination	HEICS vests, Command Center Equipment	\$ 450.00
CPG 5 - Mass Fatality	Body Bags	\$ 300.00
CPG 6 - Information System	700 MHz Radio	\$ 1,000.00
CPG 10 - Medical Surge	Bed capacity equipment, Decontamination Tent	\$ 2,000.00
CPG 14 - Responder Safety	PPE, Pharmaceutical Cache	\$ 2,000.00
CPG 15 - Volunteer Management	"Just in Time" Training Modules	\$ 1,000.00
TOTAL CASH EXPENDITURES		\$ 12,500.00

B. MATCHING EXPENDITURES

Staff Time	\$ -
Cost of Meeting Space	\$ 300.00
Cost of Storage/Rental Space	\$ -
Cost of Mileage Reimbursement	\$ -
TOTAL NON CASH CONTRIBUTIONS	\$ 300.00

C. TOTAL AMOUNT PROPOSED (Cash Expenditures + Matching Expenditures)

TOTAL AMOUNT	\$ 12,800.00
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D. OVERAGE (Total Amount Proposed - Total Obligation Amount)

AMOUNT OVER TOTAL OBLIGATION	\$ 1,800.00
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By signing below, you are ensuring that HPP grant funds will be spent in accordance with the guidelines as specified in your Participation Agreement and conditions of participation detailed in Attachments 1, 2 and 3.

Hospital CEO/EMS Director Name (Print): _____ **Date:** _____

Hospital CEO/EMS Director Signature: _____