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| ASPR Grant Expenditure Request | Grant Year BP1701 Supplemental **July 1, 2018to June 30, 2019** |
| 1. **Item Requested:**
2. **Requesting Agency/Organization**:
 |
| 1. **Item Details:**

  |
| 1. **Date Request to RHC**:

 **Date Presented to HCC:**  **Voting Results:**  | 1. **Contact Person for this purchase:**
 |
| **Title:**  |
| **Email: Phone:**  |
|  | 1. **Shipping Address (if applicable):**
 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Item(s) to be Purchased:**  | **Yes** | **No** | **Reference/Notes** |
| Please check appropriate category below for this purchase:  |  |  |  |
| Surge Capacity |  |  |  |
| Training |  |  |  |
| Other |  |  |  |
| Is this purchase supported by the Regional HVA? |  |  | Date of HVA:  |
| Is this purchase supported by lessons learned or best practices from events/exercises?  |  |  | **Explain:**   |
| Is there supporting documentation? (AAR, Improvement Plan?) |  |  |  |
| **--------------------------------------------------------------------------------------------------------------------------------****RHC to Complete Section Below Based on Information Provided by the Requester**Does the purchase fall within one of the following capabilities, or within an area in the SHRHCC Gap Analysis? |
| **Capability:**  |  | Deliverable(s) |  |
| 1. 1.1. Foundation for Health Care & Medical Readiness |  |  |  |
| 2. Healthcare & Medical Response Coordination |  |  |  |
| 3. Continuity of Health Care Service Delivery 4. Medical Surge |  |  |  |
|   |  |  |  |

**SHRHCC Gap: ( If Applicable)**

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**1.** **2.****3.****All quotes must reflect shipping cost and show a zero dollar amount for taxes.** |