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