



NF-CHRG Tier 1 Direct Award: Awarded Funds Utilization Report

Report Required for All NFs That Received Direct Awards (\$75,000 per NF)

The Health and Human Services Commission (HHSC) completed disbursement of the Noncompetitive Direct Awards of the Nursing Facility COVID-19 in Healthcare Relief Grant (NF-CHRG) program as directed by Senate Bill 8, 87th Legislature, 3rd Called Session, 2021.

Each Nursing Facility (NF or Beneficiary) that received noncompetitive direct award funds (\$75,000 per NF) under NF-CHRG Tier 1 is required to complete this Awarded Funds Utilization Report ("Report") **by October 31, 2022 at 5:00 p.m. CDT**, unless this due date has been revised by HHSC in an addendum to Beneficiary's Contract.

Each individual Report submission should reflect the individual NF that received the \$75,000 award. If a legal entity owns multiple NF's that received an award under Tier 1, then that legal entity must submit multiple Reports: one Report for each NF Facility ID number.

Recoupments:

In accordance with *Section IV of Attachment A: Statement of Work*, HHSC may recoup up to the full amount of \$75,000 in the event of the following: 1. the Beneficiary does not submit the completed Report by the deadline; or 2. HHSC determines that Beneficiary did not appropriately utilize the funds in accordance with the Statement of Work and the terms of the Contract. If the Beneficiary has not expended 100% of the funds awarded under this noncompetitive direct award program at the time of Report submission, then HHSC may recoup the amount that has not been spent.

If the Beneficiary undergoes a permanent closure prior to the deadline of the Report:

Then the Beneficiary may receive direct communications from HHSC Provider Finance regarding the completion of this Report.

Tips for completing this Report:

- * indicates a required field.
- This Report is required for each individual NF that received a \$75,000 NF-CHRG Noncompetitive Direct Award. Each NF's Facility ID number and NF-CHRG Noncompetitive Direct Award Contract Number will be needed for this Report.
- A full preview of the questions in this Report may be viewed [here](#). However, the Report must be submitted in SurveyMonkey.
- Refer to your copy of Attachment A: Statement of Work for more details about the purpose of this Report.
- This Report is NOT related to the competitive awards under NF-CHRG Tier 2 (RFA #HHS0011337).

Thank you!
HHSC Provider Finance Department

ProviderFinanceDept@hhs.texas.gov

Select "Next", below, to begin the Report.



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Section A. Nursing Facility Identification

Reminder: Only **ONE** NF may be represented in each submitted survey.

* 1. NF Legal Name (e.g., ABC Hospital District. This should match the Beneficiary name listed on the NF-CHRG Noncompetitive Direct Award Contract)

2. NF Assumed Name, if applicable (also referred to as a "DBA" or "doing business as")

* 3. NF Facility Identification Number (Facility ID) (6 digit number between 000100 and 120000)

* 4. NF Physical Address (Not PO Box)

Address

City

State

ZIP Code



NF-CHRG Tier 1 Direct Award: Awarded Funds Utilization Report Section B. Person Completing Report

Enter the information of the person completing this Report.

* 5. Person Completing This Form: First and Last Name

* 6. Person Completing This Form: Company

* 7. Person Completing This Form: Email Address

* 8. Person Completing This Form: Phone Number (Digits Only)

* 9. Person Completing This Form: Title (e.g., accountant, administrator, CFO, CEO, etc.)



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Section C. Nursing Facility Direct Award Funding Utilization

* 10. As of the submission of this Report, how much of the direct award funding did the NF spend in each of the following categories?

Tips for completion: Enter numerical data in each box (no symbols, commas, or dollar signs). Round to the nearest 100. The total sum of answers in this question must equal the total award amount of 75000.

One-time recruitment or retention bonuses for staff:	<input type="text"/>
Temporary contracted staffing services costs:	<input type="text"/>
Overtime pay for staff:	<input type="text"/>
Travel-related costs of staff directly related to the provision of services to residents:	<input type="text"/>
Other (describe this in #12):	<input type="text"/>
<u>Not</u> spent:	<input type="text"/>

* 11. If funds were included in "Other" in question #11, above, describe how those funds were utilized here.

If funds were not included in "Other" in question #11, write "N/A" here.

* 12. Select accomplishments achieved as a result of the utilization of the NF-CHRG direct award funds (select all that apply)

- Funds assisted with recruitment of new staff
- Funds assisted with retention of current staff
- Funds assisted with paying for services of contracted staff (e.g., for COVID-19 outbreaks or other needs)
- Other (please describe)

* 13. How much time did it take for this individual NF to fully expend the direct award funds?

- <1 month
- 1-2 months
- 2-3 months
- 3-4 months
- 4-5 months
- >5 months
- The funds have not been fully expended for this NF



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14. Optional: Enter any additional comments for HHSC to consider below.



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By submitting this Utilization Report, the NF represents and warrants that the individual identified in Question 10 is authorized to sign this document on behalf of the NF, and the signatory affirms that the information provided is accurate.

Select "**Submit**" below to submit your Utilization Report.