



RH-CHRG Tier 1 Direct Award: Awarded Funds Utilization Report Report Required for All RHs That Received Direct Awards (\$250,000 per RH)

The Texas Health and Human Services Commission (HHSC) completed disbursement of the Noncompetitive Direct Awards for the Rural Hospitals in Healthcare Relief Grant (RH-CHRG) program as directed by Senate Bill 8, 87th Legislature, 3rd Called Session, 2021.

Each Rural Hospital (RH or Beneficiary) that received noncompetitive direct award funds (\$250,000 per RH) under RH-CHRG Tier 1 is required to complete this Awarded Funds Utilization Report (referred to as "Report" hereafter) **by October 31, 2022 at 5:00p.m. CDT**, the due date outlined in Section VI. Reporting Requirements of the Contract.

Each individual Report submission should reflect the individual RH that received the \$250,000 award. If a legal entity owns multiple RH's that received an award under Tier 1, then that legal entity must submit multiple Reports: one Report for each RH license number.

Recoupments:

In accordance with *Section IV of Attachment A: Statement of Work*, HHSC may recoup up to the full amount of \$250,000 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:

The Beneficiary will 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 RH that received a \$250,000 RH-CHRG Noncompetitive Direct Award. Each RH's license number and RH-CHRG Noncompetitive Direct Award Contract Number will be needed for this Report.
- 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 RH-CHRG Tier 2 (RFA# HHS0011335).

Thank you!
HHSC Provider Finance Department



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

Section A. Rural Hospital Identification

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

* 1. RH Legal Name (*This should match the Beneficiary name listed on the RH-CHRG Noncompetitive Direct Award Grant*)

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

* 3. Texas Identification Number (TIN) (11 digits)

This is your 11-digit taxpayer identification number issued by the Texas Comptroller of Public Accounts (CPA).

* 4. National Provider Identifier (NPI) (10 digits)

* 5. RH-CHRG Noncompetitive Direct Award Contract Number (15-figure alphanumeric identifier with the format HHS0011703xxxxx located at the top of the RH-CHRG DocuSign Signature Document.)

* 6. Physical Address of Hospital (*Not PO Box*)

Address (Not PO Box)

City

State

ZIP Code



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

Enter the information of the person completing this survey.

* 7. Your First Name and Last Name (separated by 1 space)

* 8. Your Employer/Hospital Affiliation

* 9. Your Email Address

* 10. Your Telephone Number (Numbers Only)

* 11. Your Title (e.g., administrator, CFO, CEO, etc.)



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Section C. Rural Hospital Direct Award Funding Utilization

Click "**Done**" below to submit your survey. Clicking "**Done**" will be considered a legal attestation for correctness.

* 12. Choose the category of use for the Tier-1 RH-CHRG Non-Competitive Awards and enter the amount spent as of the time of the submission of this Report.

Staffing Costs/Costs Related to Staffing	<input type="text"/>
Telemedicine Equipment	<input type="text"/>
PPE	<input type="text"/>
Rent/Utilities	<input type="text"/>
Infrastructure	<input type="text"/>
Dietary/Nutritional Supplies	<input type="text"/>
Other	<input type="text"/>

* 13. If funds were included in "Other" in question #12, above, describe how those funds were utilized here.

If funds were not included in "Other" in question #12, write "N/A" here.

* 14. How much time did it take for this individual RH 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 RH

* 15. 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 specify)

16. 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 6 is authorized to sign this document on behalf of the RH, and the signatory affirms that the information provided is accurate. Select "Submit" below to submit your Utilization Report.