



# FY 2018 Application for Coalition Regional Special Project Funding from the Allocated Regional Hospital Preparedness Program

**PLEASE COMPLETE THIS APPLICATION AND RETURN TO THE SHAWNEE PREPAREDNESS AND RESPONSE COALITION SECRETARY BY 11:59 PM MAY 26<sup>th</sup>, 2017.**

1. Title and short description of project:

2. Check which strategic capability this project request applies to (mark all that apply):

**Capability 1: Foundation for Health Care and Medical Readiness**

**Capability 3: Continuity of Health Care Service Delivery**

**Capability 2: Health Care and Medical Response Coordination**

**Capability 4: Medical Surge**

3. Check which goal of the coalition strategic plan the project request applies to (mark all that apply):

Individuals

Local Government

Businesses & Groups (NFP, religious, etc.)

County/Region

4. Check which strategy this project request applies to (mark all that apply):

Plan

Respond

Mitigate

Recover

Sustainment

5. The amount of funding requested is: \_\_\_\_\_

6. Attach a description of the project and how it applies to the above. Include a budget and how the 10% match will be met in the description.

7. Describe the plan to sustain this project request, e.g. future financial needs, equipment needs, time and effort needs.

8. Attach any other supporting documents that you feel would assist in the determination of funding for this project.

This project will be maintained by my agency/organization in a ready state and available for use as directed by the Shawnee Preparedness and Response Coalition and the State of Illinois.

\_\_\_ My organization is a Primary Organization member in good standing with SPARC; or

\_\_\_ My organization is applying for a Primary Organization membership to SPARC and the application is attached.

\_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

**Applicant Contact Information:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

This application and any supporting documents the applicant wishes to submit for consideration **must be received by the SPARC Secretary by 11:59pm, May 26<sup>th</sup>, 2017**. Applications must be submitted via email to:

Brad Robinson, Secretary  
Shawnee Preparedness and Response Coalition  
Email: Brad.robinson@sih.net

Applications received after the deadline or incomplete will not be considered during initial evaluations.

*For committee use only:*

Peer Review: Submitted on time and complete? Y / N

Grade: \_\_\_\_\_ Ranking: \_\_\_\_\_ of \_\_\_\_\_ applications considered.

**Grading Scale**  
**Grade A - Immediate Funding Need**  
Alternate funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to community served. Broad area of impact (i.e. whole region may see benefit).  
**Grade B - Definite Funding Need**  
Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to community served. Wide regional or wide local impact.  
**Grade C - Project Needed Eventually**  
Local funding available in future. System will benefit from improved time table. Limited available funding. Impact is of limited regional or local benefit only.  
**Grade D - Project Can Be Delayed**  
Local funds available. Program of low impact to community served. Local benefit only. Consideration will be given as need increases.  
**Grade E - Project Not Needed** Local funds available. Limited or impact to service area. Duplication of resources. Little benefit outside a single organization. Consideration will be given as needed is evident.

Executive Committee: Recommends project be funded? Y / N Amount \$ \_\_\_\_\_

If No, Should project be considered as, is if funding is available at later date? Y / N  
Reason project not fully funded at this time: