|  |  |
| --- | --- |
| **HPP Region:** | Upstate |
| **Facility Sponsor/Contractor:** |  |
| **Method of Selection: Sole Source or**  **Competitive Bid** |  |
| **Date:** |  |
| **Total Funding Amount Requested:** |  |

|  |
| --- |
| **Proposed Partners:** |
|  |

# Instructions

Please provide the following information for each project in the region proposal.

|  |
| --- |
| **Problem Statement:** |
|  |
| **Gap identification with specific reference to the current/updated Coalition HVA or region CPG:** |
|  |
| **HPP Capability/Objective/Activity:** |
|  |
| **Baseline Capacity:** |
|  |
| **Benefit:** |
|  |
| **Scope of Work: Describe the specific services/tasks to be performed as it relates to aiding the Coalition in achieving program objectives. Also include anticipated beginning and ending dates for project/services.** |
|  |
| **Proposed Input: List methods of accountability and who will supervise.** |
|  |
| **Intended Output: Include trainings, drills and exercises, partners, and organizations as well as who will supervise and coordinate activities** |
|  |

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| --- | --- | --- | --- |
| **Sustainment:** | | **Sustainment Cost/Responsibility:** | |
|  | |  | |
| **Is the facility an active coalition member?** | **Is this project new or continuation?** | |  |
| **New Existing Non-active** | **New Continuation** | |  |

**All HPP Grant recipients are required to participate in a training and/or exercise. Provide your training and/or exercise plan below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training Plan** | | | | | | |
| **Training Name** | **Number of sessions** | **Proposed dates of trainings** | **Locations of trainings** | **Type of personnel trained** | **Number of people trained** | **Gaps or corrective actions that were addressed by training based on HVA** |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Exercise Plan** | | | | | |
| **Exercise Name (**e.g., Regional Mass Casualty Exercise) | **Exercise Type**  (i.e. exercises that are functional or full-scale or those that lead to FE/FSE such as the initial planning conference, mid-planning conference TTX, etc.) | **Proposed date of Exercise** | **Location of exercise** | **Coalition(s) and/or State**  (e.g.,HCC exercise, a multi-coalition, state exercise, etc.) | **Funding Type** |
|  |  |  |  |  |  |
| **Capabilities/Objective/Activity Tested** | | **Capability-based gap or corrective action being tested** | | | |
| Capability 1 – Foundation for Health Care and Medical Readiness | |  | | | |
| Capability 2 – Health Care and Medical Response Coordination | |  | | | |
| Capability 3 – Continuity of Health Care Service Delivery | |  | | | |
| Capability 4 – Medical Surge | |  | | | |
| Other: specify | |  | | | |