

Colorado Rural Health Center

2013-2014 HPP/Rural Health Clinic Reimbursement Procedure for Activities:

Please use the following procedure when requesting reimbursement for all 2013-2014 HPP Activities. Failure to provide the required documentation in the proper format will result in a denial of your reimbursement request.

1. Complete one (1) HPP Grant Reimbursement Request form per activity, with signature and date. *The State of Colorado requires an original, hand written signature. A typed or electronic signature is not acceptable.*
2. Email as one pdf. attachment, (other file types are not acceptable) to: rs@coruralhealth.org * the completed Reimbursement Request, (page 1) and all of the required RHC activity/backup documentation listed on the reimbursement statement (page 2, 3, 4...).
 - a. You may include multiple pdf attachments/activities in one email, keeping in mind each activity requires a separate reimbursement form and pdf file.
 - b. Faxed or mailed reimbursement requests will not be processed.
3. The NIMS/ICS activity must be completed and submitted for reimbursement in order to receive funding for the other activities.
 - c. In the subject line of your email, use your clinic name and activity name i.e. **Plains Medical Center, NIMS**
 - d. Name each pdf file per the activity, i.e. "NIMS"
 - e. Do not submit reimbursement requests for more than one clinic in one email, each clinic must submit the activities separately.
 - f. The communications drills are the only activity needing a "letter of participation". *Do not include extra documents or letters.* Only two pages are needed when submitting for the communications drill/s, i.e. page 1, the reimbursement request form and page 2, one letter of participation. The letter of participation needs to be on facility letterhead and include at a minimum the date/s of the drills and who participated.
 - g. Individual pdf file size must not exceed 2MB
 - h. If you want confirmation your reimbursement request was received by CRHC, mark your email for either a "read or delivery receipt". You can assume your reimbursement request is complete if you are not contacted by Ron Seedorf or Greg Jones.

Please feel free to contact me if you have any questions.

Ron Seedorf

Emergency Preparedness Manager

Colorado Rural Health Center

rs@coruralhealth.org

970-302-9021 (direct phone line)