



FY2024

GEORGIA HEALTHCARE COALITION HANDBOOK



Georgia Department of Public Health

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July 1, 2023

Coalition Leadership:

We are excited to continue the collaborative partnership between the Georgia Department of Public Health (DPH) and the Georgia Hospital Association Research and Education Foundation (GHAREF), an affiliate of the Georgia Hospital Association (GHA), to administer the Georgia Healthcare Coalition Assistance Program. This handbook will provide you with the tools and avenues necessary to help manage your Coalition activities and approved emergency preparedness assets.

We have updated the handbook based on feedback and guidance from all involved agencies to serve as a reference for budgeting and spending approvals. Note that all payments and purchasing must meet the criteria set forth by GHAREF, DPH, and applicable grant requirements.

As we work through these systems and processes, we know there will be questions. We appreciate your patience and honest feedback as we all work to enhance emergency preparedness across Georgia.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelly H. Nadeau'.

Kelly H. Nadeau, RN, MN, EMHP
Healthcare Preparedness Program Director
Emergency Preparedness and Response
Georgia Department of Public Health

A handwritten signature in black ink, appearing to read 'Rhett Partin'.

Rhett Partin, FACHE
Senior Vice President of Clinical Services &
Public Health
Georgia Hospital Association

INFORMATION TO REMEMBER

While we include as much information as possible, some situations and procedures will not be listed. If you have questions about an issue the handbook does not cover, please reach out before making a decision.

Wednesday, May 1, 2024 – Submission Deadline for Supplies & Equipment Spending – Purchase orders or reimbursement requests for ALL supplies and equipment must be submitted no later than close of business on Wednesday, **May 1, 2024**. Failure to submit purchasing requests by this deadline may result in the forfeiture of the remaining funds in those categories. If funds are available in those categories after this deadline, these remaining funds will be distributed at the discretion of DPH to those Coalitions in good standing who could utilize these funds on additional approved projects.

NOTE: If a vendor is unable to guarantee delivery of requested goods by **June 14, 2024**, the order will be canceled (even if appropriate paperwork has been submitted by established deadlines).

Friday, June 14th, 2024 – Any outstanding expenditures (e.g., invoices, reimbursements, travel reimbursements, etc.) must be submitted no later than close of business on Friday, June 14th, 2024. No submissions will be accepted after this date – plan accordingly!

VENDOR DEPOSITS/CONTRACTS

Paying deposits to a vendor is HIGHLY discouraged because there is no guarantee that a deposit will be paid for with grant funds if the item or service is not delivered or the event or travel is canceled. If a vendor requires a contract with which a Coalition needs assistance reviewing, please e-mail coalitionsupport@gha.org.

RECORD RETENTION AND AUDIT REQUIREMENTS

Coalition organizations or members that are reimbursed with Coalition Support Funds must maintain books, records, and documents in accordance with generally accepted accounting principles and procedures and which sufficiently and properly document and calculate all purchases made using Coalition Funds for a period of at least five (5) years following the date of final payment, termination, or completion of any required audit, whichever is later. Records to be maintained include financial records, any documentation supporting purchases made using Coalition Funds, and service records.

Additionally, Coalition members must permit GHAREF, the Auditor of the State of Georgia, any authorized representative of GHAREF or the State of Georgia, and, where federal funds are involved, the Comptroller General of the United States, or any other authorized representative of the United States government, to access and examine, audit, excerpt, and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records, or other records relating to orders, invoices, payments, or any other documentation or materials

pertaining to Coalition Support Funds, wherever such records may be located during normal business hours.

VENDOR INFORMATION

Once a vendor has been selected, please instruct the vendor to fill out a **VENDOR REQUEST FORM** and supply a W-9. The W9 is only required for businesses, not individuals.

FORM SUBMISSION REQUIREMENTS

When submitting applicable forms as required by this Handbook, two signatures are required on all form submissions – one from the Healthcare Coalition Facilitator (HCF) and one from the Healthcare Coalition Coordinator. Requests will not be processed without adequate authorization. Should the HCF be unavailable for signature, the public health district’s Emergency Preparedness Coordinator can sign in their absence.

Handwritten and electronic signatures can be used. Generic font-created signatures will not be accepted.

Each Coalition should submit a list of all executive committee members with appropriate contact information to serve as the Coalition’s authorized signature list at the beginning of each fiscal year (July 1) and when there are any changes to the list throughout the grant period.

REALLOCATION OF GRANT FUNDS

There may be several reasons that original, approved budget funds need to be reallocated during the budget period, including the use of placeholders in the original budget, money savings when purchasing supplies, moving monies from one project to another, etc.

Should monies need to be reallocated for any reason during the budget period, the **BUDGET ALLOCATION/REDIRECTION FORM** must be completed and sent to Coalitionsupport@gha.org

1. Cumulative budget reallocation requests for existing line items that exceed 25% of the total budget amount.?

CARRYOVER FUNDS FROM THE PREVIOUS YEAR

Any carryover funds made available are separate from FY24 funding; however, the same procurement and reimbursement rules apply. Carryover fund amounts will be decided by DPH and shared individually with each Coalition. Requests to use carryover funds must be submitted to DPH at DPH-EPR-CoalitionSupport@dph.ga.gov for approval. Once approved, the budgets will be shared with GHAREF and funds will be made available for use.

REIMBURSEMENT/PAYMENTS

Reimbursements must be submitted to GHAREF at coalitionsupport@gha.org within 10 business days but no more than 30 calendar days of purchase/travel. If the correct and complete payment request is sent to GHA by the 25th of the month, GHA will pay that month. If received

after the 25th, GHA will pay the following month. GHA pays once a month, at the end of the month.

Please allow four (4) weeks from submission before checking on the status of a reimbursement. *(Allow six (6) weeks from submission before checking on the status of an EMAG travel reimbursement.)*

EVENTS

BEFORE EVENT

- **EVENT LOGISTICS REQUEST FORMS** should be submitted to coalitionsupport@gha.org. no later than 60 calendar days prior to the event.
- Cancellations of events should be communicated to Coalition Support via coalitionsupport@gha.org. AS SOON AS POSSIBLE.
 - GHAREF will work to avoid cancellation penalties, but Coalition members may be charged and liable for cancellation fees.
- **TRAINING COURSE FORMS** should be submitted no later than 60 calendar days prior to the training to EPR.training@dph.ga.gov.

POST-EVENT

- **PAYMENT REQUEST FORM** and associated documents (e.g., agenda, sign-in sheets) must be submitted to GHAREF at coalitionsupport@gha.org. no later than 10 business days from the conclusion of the event.
- **TRAVEL REIMBURSEMENT FORMS** must be submitted to GHAREF at coalitionsupport@gha.org within 10 business days but no later than 30 calendar days of purchase/travel.

REGISTRATION FEES

Registration fees required for participation in workshops, seminars, or conferences that a Coalition member is directed and/or authorized to attend are reimbursable when supported by a paid receipt and proof of payment. NOTE: Conference registration fees can be reimbursed only after the conference has been held. GHAREF will pay registration upfront for the National Healthcare Coalition Conference and EMAG. Registration fees must be reimbursed in this fiscal year.

MEETING FEES

GHAREF or authorized representatives of Coalitions may coordinate meeting logistics, including renting rooms and catering. Fees associated with renting rooms and catering for approved Coalition meetings are generally reimbursable if supported by appropriate documentation and consistent with DPH and GSA guidelines. Receipts for meeting expenditures should be submitted to GHAREF at coalitionsupport@gha.org. A Signed **PAYMENT REQUEST FORM** along with agendas

and sign-in sheets must be submitted when requesting GHAREF’s help with meeting logistics and fees reimbursement.

To be reimbursed for meeting catering expenses, the reimbursable amount must be consistent with DPH and GSA guidelines and not exceed the per diem allotted for the number of attendees. If the criteria are not met, the catering expenses will not be reimbursable.

TRAINING COURSES

Please refer to the Approved Coalition Training Providers appendix for a listing of currently approved training providers.

A **TRAINING COURSE FORM** should be submitted no later than 30 calendar days prior to the training to EPR.training@dph.ga.gov. If there is no response within two (2) business days, please submit the completed form to DPH-EPR-CoalitionSupport@dph.ga.gov.

PROCUREMENT REQUIREMENTS

When selecting a vendor, the organization making the selection (either GHAREF or authorized representatives of the Coalition) will comply with this Handbook, any relevant [General Services Administration \(“GSA”\) standards](#), and any relevant procurement standards at [2 C.F.R. Part 200](#), including:

- *Domestic Preference for Procurements:* As appropriate and to the extent consistent with law and the greatest extent practicable, a preference will be provided for the purchase, acquisition, or use of goods, products, or materials produced in the United States.
- *For Purchases Less Than \$10,000:* A vendor may be selected without soliciting competitive price or rate quotations if the Coalition considers the price to be reasonable based on research, experience, purchase history, or other information and documents the selection accordingly (see [2 C.F.R. § 200.320\(a\)\(1\)](#)).
- *For Purchases Greater Than \$10,000, But Less Than \$250,000:* Price and rate quotations must be solicited from an adequate number of qualified sources as determined appropriate by the organization making the selection (see [2 C.F.R. § 200.320\(a\)\(2\)](#)).
- *Non-Competitive Procurement:* In the following situations, non-competitive procurement may be used:
 - The purchase does not exceed \$10,000.
 - The item is available only from a single source.
 - The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation.
 - If GHAREF is making the selection, DPH has authorized a non-competitive procurement in response to a written request from GHAREF;
 - If the Coalition is making the selection, GHAREF has authorized a non-competitive procurement in response to a written request from the Coalition; or
 - After solicitation of several sources, competition is determined inadequate (see [2 C.F.R. § 200.320\(c\)](#)).

ACQUIRING EQUIPMENT AND SUPPLIES

Equipment and supplies appearing on approved Coalition budgets are available for acquisition via two methods: (1) GHAREF procuring goods/services on behalf of the Coalition; or (2) individual purchase of items with a payment request. Equipment means tangible personal property (including information technology systems) having a useful life of more than one (1) year and a per-unit acquisition cost that equals or exceeds \$5,000 (cost determined per unit). Supplies means all tangible personal property other than those described in Equipment (cost determined in total aggregate value).

If a Coalition decides to use GHAREF to purchase equipment and supplies, the Coalition must complete and submit the signed **PURCHASE ORDER FORM** to GHAREF at coalitionsupport@gha.org.

Coalition organizations or members should NOT authorize or directly place an order with a vendor for which payment is to be made by GHAREF. Orders must go through the proper channels to ensure orders are paid for by GHAREF. The signed **PURCHASE ORDER FORM** should be submitted to coalitionsupport@gha.org to request an order to be placed.

GHAREF will obtain a quote from the vendor before ordering the goods and services. The Coalition must approve the quote and send it to coalitionsupport@gha.org. GHAREF will coordinate with the vendor to arrange delivery to the address stated on the **PURCHASE ORDER FORM**. GHAREF will manage to pay the vendor directly. The quote must say bill to GHAREF.

REIMBURSEMENT FOR PURCHASED EQUIPMENT AND SUPPLIES

To seek reimbursement for individually purchased equipment and supplies, the signed **PAYMENT REQUEST FORM** and detailed receipts must be submitted to GHAREF at coalitionsupport@gha.org. To ensure that an expense is reimbursable before purchase could result in GHAREF being unable to reimburse the expense.

PROCEDURE FOR WHEN ITEMS ARE RECEIVED

Once items are fully received by Coalitions, a copy of the signed and dated packing slip should be immediately sent to coalitionsupport@gha.org. If you do not receive a packing slip, just email coalitionsupport@gha.org and let us know that everything was counted and correct according to the signed **PURCHASE ORDER FORM**.

Plan accordingly for some delays due to vendors having supply shortages and taking longer than normal to get approved items delivered. Please note that purchases received after the grant deadline will not be covered by FY24 grant funds.

EMAG

Each coalition approved EMAG attendee is required to fill out a vendor form.

Each coalition-approved attendee will be required to sign a list of EMAG policies and procedures. They should turn this in with their vendor form.

EMAG attendees' reimbursement must be sent to GHA by the HCF or HCC, not the traveler. Each reimbursement submission should be in a separate email with the subject line "EMAG - Traveler's name."

Examples of EMAG Reimbursements are available at the end of the handbook.

Mileage (google Maps) must show round trip from your house or office, whichever is closest to Savannah Conference Center; do not calculate mileage to the hotel. Round Mileage to the following whole number.

Members are required to sign in each day of EMAG for reimbursement of any approved expenses.

TRAVEL REIMBURSEMENT PROCESS

Coalition members may be reimbursed for reasonable travel-related expenses that are consistent with DPH and GSA guidelines and incurred while on Coalition-approved travel subject to the provisions outlined in these travel regulations. The following items have been authorized as reimbursable travel expenses:

- Meals associated with overnight lodging.
- Lodging expenses
- Round trip Mileage for use of a *personal* motor vehicle (i.e., not a company vehicle)
- Transportation expenses (airfare, train, etc.)
- Certain miscellaneous expenses associated with travel, such as parking, toll fees, and baggage fees.

The specific policies regarding the reimbursement of travel expenses, as well as expense limits and required documentation, are outlined in the following sections. Any travel reimbursement must first be approved by the Coalition Executive Leadership Team and correlate with the approved Coalition budget.

HCFs are allowed to use Coalition travel funds when traveling on behalf of their Coalition (except for EMAG) as approved by their respective Coalition executive committees. HCFs may also receive travel reimbursement from another healthcare Coalition for activities in which they participated on behalf of that Coalition (e.g., exercise evaluation, course instruction, etc.).

Out-of-town travel rules - Any-day travel If the conference ends before 5:00 PM, the traveler travels back home unless preapproved.

REQUIRED DOCUMENTATION FOR TRAVEL REIMBURSEMENT

The completion of the **TRAVEL REIMBURSEMENT FORM** is required for reimbursement of travel expenses.

- Lodging (must be a zero-balance receipt, not an effective balance receipt, hotel receipt must have traveler's name on it)

- Airline Fares
- Registration Fees
- Other valid expenses, including parking, taxi fares, ride shares, tolls, and baggage fees
- Google Mileage maps (Round trip is required)
- Parking receipt, not a bank statement – You must get a receipt.

Receipts for meals on per diem are not required. Receipts are required for airfare, registration, parking, baggage fees, and other valid expenses. Claims that exceed the established limits will be reviewed closely on a case-by-case basis to ensure the explanations are sufficient to justify the higher expenses. Travelers should not assume that all expenses exceeding authorized limits that are explained on the travel expense documents will be automatically approved.

LODGING

Coalition members who travel more than 50 miles from their home or workplace be reimbursed for lodging expenses associated with overnight travel. Written pre-approval from Coalition leadership and DPH must be obtained when lodging is required within this 50-mile radius. All lodging claims must be documented by receipts and must be at a business that offers lodging to the public, such as a hotel or motel, and not at a private residence.

Any cancellations are the responsibility of the traveler.

Using online booking services, such as Expedia, Kayak, Airbnb, VRBO, HomeAway, and other similar service providers, is prohibited and is not eligible for reimbursement.

Coalition members traveling overnight are responsible for ensuring that their lodging rates are consistent with [GSA Guidelines](#). Travelers should select the least expensive option available, taking into consideration proximity to the business destination and personal safety.

Travelers should not book non-refundable rates or rates that require a deposit. It is the traveler's responsibility to understand the cancellation rules of the confirmed room. No-show charges and penalties will not be reimbursed when the traveler does not cancel reservations within the allotted time. Non-refundable rates cannot be changed or canceled; therefore, the traveler is accepting the risk of a non-reimbursable cancellation fee.

Non-government employees will be reimbursed for taxes associated with lodging expenses. Government employees should utilize their agencies' Tax-Exempt forms, which may result in the waiver of local lodging taxes.

Some hotels include a resort charge or other fees on the traveler's bill. These are not tax-exempt fees and should be reimbursed as an eligible lodging expense.

Hotel parking fees will be reimbursed for official travel in personal vehicles. Self-parking options should be used where available.

An itemized, zero-balance receipt detailing any applicable lodging and parking expenses should be provided. Effective balance receipts will not be accepted.

TRANSPORTATION - PERSONALLY OWNED VEHICLES

Coalition members may be reimbursed for the mileage incurred from the point of departure to the travel destination. Mileage will be reimbursed at the current State of Georgia mileage reimbursement rate available at the <https://sao.georgia.gov/travel/state-travel-policy>.

Mileage will be calculated from either the coalition member's home or office, whichever is closest to the destination.

RENTAL VEHICLES

Costs associated with renting vehicles for in-state travel will not be reimbursed unless pre-approved by DPH in advance of travel. Circumstances for the requirement of a rental vehicle will be considered on a case-by-case basis. Please contact GHAREF if a rental car is needed for in-state travel.

For out-of-state travel, rental car costs and applicable gas costs can be reimbursed as part of the Coalition member's travel. Pre-approval for rental car use is required BEFORE booking. However, it is recommended that travelers utilize available public transit/ride share/taxi/hotel transport when traveling to and from the airport and/or conference locations. Receipts are required for fuel reimbursements.

AIRLINE TRAVEL

Travelers who require air travel should obtain the lowest available airfare to the specified destination. Third-party booking sites are not reimbursable. Book airfare directly with the airline you are using.

Travelers should use electronic ticketing to avoid any surcharge associated with hard copy tickets. Travelers should use the lowest logical airfares (e.g., main-cabin coach tickets). Travelers should use penalties or non-refundable fares whenever feasible. These fares are typically lower in cost.

If there is a charge for checked luggage, the State will reimburse for a maximum of one (1) piece of checked luggage. If additional bag(s) are required, requests for reimbursement must include an associated explanation.

NOTE: Airfare can be reimbursed only after the conference has been held. Any reimbursable airfare should be included in the **TRAVEL REIMBURSEMENT FORM** as an additional travel expense.

Baggage handling services (Airline) may be reimbursed when incurred.

TRAVEL BY RAILROAD, MASS TRANSPORTATION, TAXI, RIDESHARES, BUSES, OR AIRPORT VANS

Coalition members may be reimbursed for the actual cost of rail or bus transportation, provided the appropriate personnel authorize the travel expense in advance. Coalition members traveling by rail or bus are encouraged to obtain the lowest possible fare.

Airport vans, ride shares (e.g., Uber, Lyft, etc.), or taxi services will be reimbursed between the individual's departure point and the common carrier's departure point and between the common carrier's arrival point and the individual's lodging or meeting place. Other car services (e.g., vans) may be reimbursed if the car is used by more than five (5) people, and the cost per person makes it the most cost-effective method of transportation.

It is expected that the airport van service will be utilized when available and when arrival or departure is during daylight hours.

MISCELLANEOUS TRAVEL PURCHASES

Parking and toll expenses will be reimbursed for official travel in personal vehicles. (Low-cost, long-term parking should be used.)

Receipts for these purchases must be provided when seeking reimbursement.

Credit card and bank statements are not allowed in place of receipts.

CANCELLATION/TRAVEL NO-SHOW POLICY

If any travel reservation needs to be canceled, please contact HCF and GHAREF IMMEDIATELY. Penalties and charges resulting from the cancellation of airline reservations (or other travel reservations) shall be the Coalition member's obligation. There may, however, be options to substitute personnel on reservations.

UNALLOWABLE TRAVEL EXPENSES

The following expenses are not reimbursable:

1. Laundry (allowable when overnight travel exceeds seven (7) consecutive days)
2. Valet services for parking when self-parking options are available.
3. Tipping of any kind (Uber, Lyft, taxi, house cleaning, etc.)
4. Theater
5. Entertainment
6. Alcoholic beverages
7. Bank charges for ATM withdrawals
8. Car rental insurance
9. TSA Pre-Check

10. Lodging fees when booked through an unapproved online booking service (e.g., Expedia, Kayak, Airbnb, etc.)

PER DIEM ASSOCIATED WITH OVERNIGHT IN-STATE TRAVEL IN GEORGIA

Coalition members traveling overnight are eligible for 100% of the total per diem rate on all days of travel except for the first and last day of travel, which is reimbursed at 75%. Receipts for meals are not required. Per Diem is available for meals not provided at conferences or meetings.

Meal per diem rates follow the rates established by the US General Services Administration (GSA). For more information on GSA per diem rates, please visit <https://www.gsa.gov/travel/plan-book/per-diem-rates>. Please note that GSA rates are updated in October of each year.

PER DIEM ASSOCIATED WITH OUT-OF-STATE OVERNIGHT TRAVEL

Out-of-state meal per diem rates follow the appropriate GSA per diem rates for the destination of travel. Per diem rates should be utilized for the location where the traveler lodges for the night. These rates can be located at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. The GSA per diem rates include both the cost of meals and incidental expenses.

Coalition members traveling overnight are generally eligible for per diem amounts designed to cover all days on travel status other than the day of departure and the day of return. Travelers are eligible for 75% of the total per diem rate on the first and last day of travel, regardless of departure time. Receipts for meals are not required. **Per Diem is available for meals not provided at conferences or meetings.**

PER DIEM ASSOCIATED WITH SAME-DAY TRAVEL

Individual meal per diems for non-overnight, same-day travel are not eligible for reimbursement.

BUDGET REALLOCATION FORM

Date: _____ Coalition: _____ Requester: _____

- A detailed justification needs to be added for a new line item, then we will obtain KT’s approval.
- Use your approved budget to complete the table below.

Budgeted Category to be Reduced	Budgeted Line item to be Reduced	Original Awarded Line Item Budget Amount	Amount of Funds to be Reallocated	Category to Receive Reallocated Funds	Line Item to Receive Reallocated Funds
TOTAL AMOUNT TO BE REALLOCATED			\$		

Provide a full, DETAILED justification as to why the reallocation is needed (*answer: WHO, WHAT, WHEN, WHERE, and WHY*)

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO coalitionsupport@gha.org we will review it and send to KT for approval!

DPH Use Only | Received: _____ Approved Denied

Authorized Signature: _____ Date: _____

Comments: _____

BUDGET REALLOCATION FORM

Date: _____ Coalition: _____ Requester: _____

- A detailed justification needs to be added for a new line item, then we will obtain KT's approval.
- Use your approved budget to complete the table below.

Budgeted Category to be Reduced	Budgeted Line item to be Reduced	Original Awarded Line Item Budget Amount	Amount of Funds to be Reallocated	Category to Receive Reallocated Funds	Line Item to Receive Reallocated Funds
TOTAL AMOUNT TO BE REALLOCATED			\$		

Provide a full, DETAILED justification as to why the reallocation is needed (*answer: WHO, WHAT, WHEN, WHERE, and WHY*)

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO coalitionsupport@gha.org we will review it and send to KT for approval!

DPH Use Only | Received: _____ Approved Denied

Authorized Signature: _____ Date: _____

Comments: _____

PAYMENT FORM

Use this form when seeking reimbursement for items purchased for Coalition.

Date: _____ Coalition: _____

WHO IS BEING REIMBURSED? _____

Payment Information

Name: _____

Phone Number: _____

Email Address: _____

Vendor (Including W9) or Individual Financial reimbursement information on file with GHA?

Yes No ACH Check

If no, you will need to fill out the vendor request form to get added to the GHA system.

If this payment request is for a meeting:

*Number who RSVP'd _____ *Number who attended _____

Be sure to include sign-in sheet, agenda and invoices/bills associated with the meeting.

Date	Vendor/Individual/Agency	Payment Description	Budget Line Item	Payment Total

TOTAL INVOICE DUE: \$

Comments: _____

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM WITH SIGN IN SHEET, AGENDA, INVOICES AND RECEIPTS TO coalitionsupport@gha.org

PAYMENT FORM

Use this form when seeking reimbursement for items purchased for Coalition

Date: _____ Coalition: _____

WHO IS BEING REIMBURSED? _____

Payment Information

Name: _____

Phone Number: _____

Email Address: _____

Vendor (Including W9) or Individual Financial reimbursement information on file with GHA?

Yes No ACH Check

If no, you will need to fill out the vendor request form to get added to the GHA system.

If this payment request is for a meeting:

*Number who RSVP'd _____ *Number who attended _____

Be sure to include sign-in sheet, agenda and invoices/bills associated with the meeting

Date	Vendor/Individual/Agency	Payment Description	Budget Line Item	Payment Total

TOTAL INVOICE DUE: \$ _____

Comments: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

SUBMIT COMPLETED FORM WITH SIGN IN SHEET, AGENDA, INVOICES AND RECEIPTS TO (coalitionsupport@gha.org)

PURCHASE ORDER FORM

Date: _____

Coalition: _____

WHO IS BEING REIMBURSED FOR PURCHASES? _____

Preferred Vendor

Name: _____

Phone #: _____

Email Address: _____

Is Vendor (Including W9) on file with GHA?

Yes

No

ACH

Check

Delivery Information – Where are the items being delivered?

Name of Receiving Facility/Agency: _____

Street Address: _____

City: _____ Zip Code: _____

Delivery Point of Contact name and Phone # _____

Name of Person placing the order: _____

Purchase Description

Quantity	Budget Category	Budget Line item	Vendor	Budgeted Amount
1.				
2.				
3.				
4.				

Spend all budgeted line-item amount: Yes No

Comments: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

PURCHASE ORDER FORM

Date: _____ Coalition: _____

WHO IS BEING REIMBURSED FOR PURCHASES? _____

Preferred Vendor

Name: _____

Phone #: _____

Email Address: _____

Is Vendor (Including W9) on file with GHA?

Yes
 No
 ACH
 Check

Delivery Information – Where are the items being delivered?

Name of Receiving Facility/Agency: _____

Street Address: _____

City: _____ Zip Code: _____

Delivery Point of Contact name and Phone # _____

Name of Person placing the order: _____

Purchase Description

Quantity	Budget Category	Budget Line item	Vendor	Budgeted Amount
1.				
2.				
3.				
4.				

Spend all budgeted line-item amount: Yes No

Comments: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

Travel Reimbursement Form



Check

Date: Coalition:
 Traveler Name: Carryover or FY24: Yes or No

Have you filled out a vendor form for FY23-24? Yes or No
 Did you drive a personal or agency vehicle? Personal Agency
 Did you drive yourself or carpool with another attendee?
 Did your agency pay for any expenses related to this conference? Yes or No
 If yes, provide agency name and what expense was paid.
 If you are a government employee, did you claim exemption of local hotel tax? Yes or No

Travel Dates								Totals
Days of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
0.655								\$ -
Registration								\$ -
Hotel								\$ -
Hotel Taxes and Fees								\$ -
Hotel Parking								\$ -
Breakfast Per Diem								\$ -
Lunch Per Diem								\$ -
Dinner Per Diem								\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Work Address:
 Home Address:
 Phone #:
 E-Mail:

Provide a zero balance hotel receipt. Check Box

Per Diem is based on GSA guidelines. Calculate your mileage from your home or office, whichever is closest to the meeting location. The mileage map needs to show round trip.

Comments

Coalition Facilitator Signature: Date:

Coalition Executive Signature: Date:

Travel Reimbursement Form



Check

Date: Coalition:
 Traveler Name: Carryover or FY24: Yes or No

Have you filled out a vendor form for FY23-24? Yes or No
 Did you drive a personal or agency vehicle? Personal Agency
 Did you drive yourself or carpool with another attendee?
 Did your agency pay for any expenses related to this conference? Yes or No No
 If yes, provide agency name and what expense was paid.
 If you are a government employee, did you claim exemption of local hotel tax? Yes or No No

Travel Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Days of Week	0.655	56			56			\$ 73.36
Registration								\$ -
Hotel		\$ 197.00	\$ 197.00	\$ 197.00				\$ 591.00
Hotel Taxes and Fees		\$ 31.61	\$ 31.61	\$ 31.61				\$ 94.83
Hotel Parking		\$ 45.00	\$ 45.00	\$ 45.00				\$ 135.00
Breakfast Per Diem		\$ 12.00	EMAG	EMAG	EMAG			\$ 12.00
Lunch Per Diem		\$ 12.75	EMAG	EMAG	\$ 12.75			\$ 25.50
Dinner Per Diem		\$ 23.25	\$ 31.00	\$ 31.00	\$ 23.25			\$ 108.50
Total	\$ -	\$ 377.61	\$ 304.61	\$ 304.61	\$ 92.00	\$ -	\$ -	\$ 1,040.19

Work Address:
 Home Address:
 Phone #:
 E-Mail:

Provide a zero balance hotel receipt. Check Box

Per Diem is based on GSA guidelines. Calculate your mileage from your home or office, whichever is closest to the meeting location. The mileage map needs to show round trip. All Travel Reimbursement will be Check

Comments

Coalition Facilitator Signature: Date:
 Coalition Executive Signature: Date:

SUBMIT COMPLETED FORM AND RECEIPTS TO COALITION SUPPORT AT: coalitionsupport@gha.org

Updated - 08-10-2023

VENDOR REQUEST FORM

Date: _____ Coalition: _____

Vendor or Individual Information

Individual Name or Company Name _____

Street Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please Select which Method of Payment you prefer

- Check
- o Make Check Payable To: _____
 - o Please Remit Checks To (Physical Address):

- Electronic Funds Transfer – *Not applicable for travel reimbursements*
- o Name on Individual's Bank Account: _____
 - o Bank Name: _____
 - o Routing Number: _____
 - o Accounting Number: _____
 - o E-mail Address for Remittance Details: _____

W-9 Requirement

- W-9 must be completed and returned – *This is not required for individuals.*

Comments: _____

VENDOR REQUEST FORM

Date: _____

Coalition: _____

Vendor or Individual Information

Individual Name or Company Name _____

Street Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please Select which Method of Payment you prefer

Sample for Check and ACH will only do one option when filling out form

- Check
- o Make Check Payable To: _____
 - o Please Remit Checks To (Physical Address):

- Electronic Funds Transfer – *Not applicable for travel reimbursements*
- o Name on Individual's Bank Account: _____
 - o Bank Name: _____
 - o Routing Number: _____
 - o Accounting Number: _____
 - o E-mail Address for Remittance Details: _____

W-9 Requirement

- W-9 must be completed and returned – *This is not required for individuals.*

Comments: _____

SUBMIT COMPLETED FORM TO Coalitionsupport@gha.org