



ARKANSAS DEPARTMENT OF HEALTH TRAUMA START-UP GRANT CLOSE-OUT FORM (FISCAL YEAR 2010)

Purpose: This form is for Level IV hospitals, EMS agencies, and EMS training sites which have completely expended their start-up grant funding in fiscal year 2010 (ends June 30, 2010), and allows these entities to report this expenditure to the Trauma Section of the Arkansas Department of Health. Your hospital, EMS agency, or EMS training site must complete this form to be eligible for grant funding in fiscal year 2011.

(Note: For hospitals, this form only applies to Level IV applicants, since Levels I, II, and III will not completely expend their funding until after they receive the second half of the funds upon successful designation as a trauma center, which will occur after fiscal year 2010 ends.)

Instructions: Please complete this form in its entirety. In the narrative portion, be sure to include enough information for the reader to clearly understand how the money was spent in the relevant category(ies) and how the funding “allows interested hospitals to prepare for the trauma verification process”, how it allows “Arkansas licensed ambulance services to prepare for pre-hospital trauma readiness”, or how it allows “interested Arkansas EMS Training Sites to prepare students to respond to traumatically injured patients” (quotes taken from the “Purpose of Scope of Work” sections of the sub-grant agreements). You should also pay close attention to the requirements for funding listed under the “Purpose and Scope of Work” section of the sub-grant agreements (although you are not required to specifically address these points in the narrative).

Although this form requires only a general narrative as to how the money was spent, it is critically important that your hospital, EMS agency, or EMS training site keep good records, including receipts, for future audit purposes. The retention of these records is governed by the “Arkansas General Records Retention Schedule – August 2006” and the ADH “Sub-Grant Policy-TN #: 10-17”. The retention period for all financial records is five years, but approval to destroy the records after this time must be sought from the Arkansas Division of Legislative Audit.

Grant Period:		to	
Sub-grantee Name:			
Mailing Address:			
City:			
State:			
Zip Code:			
E.I.N. (Tax ID #)			
AASIS Vendor Number:			

Budget Categories	Approved Budget	Total Expenditures
Personnel		
Training		
Operations		
Facilities/Equipment		
Total:		

Narrative Report on Expenditures

Print Name

Date

Signature (must use blue ink)