RURAL HEALTH FACILITY CAPITAL IMPROVEMENT PROGRAM (CIP)
PROJECT COMPLETION REPORT
June 1, 2017 – May 31, 2018

The Project Completion Report is due **when the project is completed** and must be submitted/emailed no later than ***June 15, 2018.*** Please email RuralHealth@TexasAgriculture.gov with any questions.

A. Grantee Information:

Hospital Name:

Project Number:

Tax ID number:

Address:

City: **State:** **Zip:** **County:**

Phone:

Administrator/CEO Name: **E-mail:**

CIP Project Director Name: **E-Mail:**
(Individual responsible for managing CIP-funded project for the hospital)

B. June 1, 2017 – May 31, 2018 Grant Program Expenditures

Amount Awarded:

Amount Matched:

Is the project complete? □ Yes □ No

If yes, completion date:

If no, what activities still need to be performed (please provide additional sheet if needed)? When will project be complete?

Please fill out the tables below (please provide additional sheets, if needed) or the electronic Microsoft Excel version. **All invoices and proof of payments must be submitted with this completion report**. Invoice dates must fall within the contract period of **June 1, 2017 – May 31, 2018.**

Expense Category (please provide a brief description)*	**Invoice Number**	**Invoice Date**	**Vendor Name**	**Total Cost**
Equipment				
a.				
b.				
c.				
d.				
e.				
f.				
Contract for Non-Medical Services				
a.				
b.				
c.				
d.				
e.				
f.				
Patient Transportation				
a.				
b.				
c.				
d.				
e.				
f.				

Construction				
a.				
b.				
c.				
d.				
e.				
f.				
			TOTAL DIRECT COST	**$**

Project Cost, Funds Requested & Matched		
Total Direct Cost	**CIP Funds Requested**	**Hospital Match**
How to calculate the amounts:		
Total Direct Cost: The same as the "Total Direct Cost" in the first table.		
CIP Funds Requested: Divide "Total Direct Cost" by 1.25; cannot be more than $75,000.		
Hospital Match: Multiply "CIP Funds Requested" by 0.25; if "CIP Funds Requested" equal $75,000, then "Hospital Match" is *at least* $18,750.		

***Definition of Expense Categories:**

- Equipment is defined by TDA as non-expendable personal property with a unit cost of more than $5,000 and a useful life of more than one year.
- Contracts for non-medical services includes, but is not limited to, contracts for designing, engineering, supervising, surveying, and other expenses incidental to the acquisition, construction or improvements of new hospitals.
- Patient transportation includes, but is not limited to, contracts for patient transportation projects such as the purchase of ambulances.
- Construction includes, but is not limited to, contracts for any construction of building on the hospital or outbuildings, remodel projects, additions, etc.

C. **Describe any significant differences between budgeted amount in the original application and the actual amount noted above *(significant changes must receive written prior approvals from the SORH).***

D. What was the initial purpose of your project?

E. Did the purpose of your project change during the implementation? If so, please explain? (*changes must receive written prior approvals from the SORH*).

F. **What were the outcomes of your project? Provide an estimated annual number of patients who will benefit from this project. Provide an estimated annual number of hospital employees who will benefit from this project. How did the project impact your community/hospital? Provide 1-3 photos of your project in separate .pdf or jpeg files. Label each photo with the CIP grant number and the name of your hospital. Ex: *2017CIP000 ABC Hospital District photo 1***

G. Recommendations for CIP
Please use this section to document any comments, concerns or questions that your facility has in regards to the CIP program.

Administrator/CEO Signature:_____ Date: _____