RFA #34349-56423 Small and Critical Access Hospital Assistance with National Healthcare Safety Network (NHSN) Antibiotic Use (AU) Option Reporting

Section 1: Demographics

1. Legal Facility Name:

   _____

2. Are you currently a vendor with the State: Yes ☐ No ☐ If no, please click the link below to register for a Unique Entity ID: https://sam.gov/content/home

3. Organization's Primary Mailing Address:

   _____

4. Primary Contact Person Name: _____

   Title: _____

   Email Address: _____

   Phone Number: _____

5. NHSN Org ID: _____

6. Number of licensed beds in Facility? _____

7. Does your facility currently utilize an electronic health record system?

   Yes ☐ No ☐

   If Yes, which electronic health record system do you use:

   _____

8. Currently reporting to the AU Option

   Yes ☐ No ☐

9. If awarded a grant, who will be the authorized signor of the resulting contract?

   Name: _____

   Title: _____

   Email Address: _____

Phone Number: _____

10. Tennessee Counties where services are provided:

    _____

11. Are you affiliated with a healthcare system?

    Yes ☐ No ☐ If yes, Who _____

Signature:_____

Section 2: Application

1. Briefly describe your plan to continue reporting after the two year funding has ended.

2. Briefly describe the impact of COVID-19 on your facility.

3. Briefly describe which surveillance software system you would choose and why.