



Commitment to Participate

BP3 2021-2022

Dear Healthcare Coalition Member:

Healthcare Coalition (HCC) participation is vital in Emergency Preparedness and Disaster Response.

The Assistant Secretary for Preparedness and Response of the Department of Health and Human Services (ASPR) has issued grant requirements for 2017-2022 which require grantees to identify healthcare coalition members and establish healthcare coalition governance. The Indiana State Department of Health (ISDH) has issued further guidance that to meet this requirement, District HCCs must have a means of identifying their members and establishing guidelines for participation and engagement. As a result, we are requesting members commit to an official membership in the Healthcare Coalition by signing this Commitment of Participation Agreement.

As a member, we require your facility to meet the following guidelines:

- ❖ Identify at least one primary representative (Point of Contact) to attend 4 out of 6 meetings throughout the year, either in person or virtually, and to receive routine and emergency coalition communications. Identify a proxy representative to attend if the primary representative is unable and to receive routine and emergency coalition communications.
- ❖ Update the HCC of any changes to your facility Point of Contact to keep the HCC contact list current.
- ❖ Participate in communication drills and maintain 80% participation average. Communication can be via email, text, phone call, radio or any future method of communication as determined by the HCC.
- ❖ Participate in Tabletop, Functional and Full-Scale Exercises provided by the Coalition.
- ❖ Agree to participate in other required deliverables as outlined within the Indiana State Department of Health's annual "Attachment A" document.
- ❖ If at any time a facility wishes to cease their participation after signing this participation agreement, they will notify District 9 Leadership in writing to Monica.Crews@outlook.com or P.O Box 129, Borden, IN 47106, stating their intent to withdraw from the Coalition along with a brief explanation.

After reviewing this Commitment of Participation Agreement, please affirm that your facility agrees to abide by the terms and conditions contained in this agreement by signing below. The authorized signatory understands that failure to maintain any of these requirements will result in the loss of active status in the Healthcare Coalition.

Commitment to Participate Agreement

My signature affirms that Swiss Villa Nursing + Rehab (Facility Name), as a participating member of the District 9 Healthcare Coalition, agrees to comply with all terms and conditions of the above agreement.

Megan Jay, CEO
Signature/Title

10/5/21
Date