

# Letter of Support

Between

Near Southwest Preparedness Alliance

and

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This Letter of Support (LOS) sets forth the terms and agreements between the Near Southwest Preparedness Alliance (NSPA) and \_\_\_\_\_ to support regional healthcare preparedness in the Near Southwest region of Virginia.

## Background

The Near Southwest Preparedness Alliance is a coalition of willing partners with the common goal of enhancing the preparedness of the healthcare entities in the Near Southwest Region of Virginia.

NSPA functions as a regional healthcare coalition under the Virginia Hospital and Healthcare Association (VHHA) with funding through the Federal Hospital Preparedness Program (HPP). The awardee for the program is the Virginia Department of Health.

NSPA is charged with developing a voluntary coalition of healthcare facilities and organizations to enhance the collaborative preparedness efforts of all healthcare interests in the region.

## Purpose

This LOS will describe the good-faith requirements of membership in NSPA. NSPA does not exclude any facility or organization from its healthcare preparedness efforts but strongly encourages meaningful participation from its regional partners.

The above goals will be accomplished by undertaking the following activities:

1. Members must maintain current, active and accurate contact information in the Virginia Healthcare Alerting Status System (VHASS) including primary and secondary facility contacts.
2. Members must maintain current contact information in NSPA's regional alerting process.
3. Members will utilize VHASS and regional alerting capabilities to maintain situational awareness as appropriate during exercises and incidents.
4. Update the LONG TERM CARE STATUS BOARD or DIALYSIS STATUS BOARD on VHASS on a **DAILY** basis, as applicable to your organization type.
5. Members will attend the four quarterly coalition business meetings per year. A significant purpose of these meetings is to develop and sustain a collaborative spirit among coalition members. To that end, in-person participation is encouraged. The WebEx teleconference platform will be utilized as a means of attendance for those members unable to attend in person. At least 75% in-person attendance by at least one organization representative is required. Failure to meet this requirement may result in limitation of member privileges at the discretion of the Executive Director.

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**Reporting**

Attendance and participation will be logged by NSPA staff and reviewed upon annual renewal of this LOS.

**Funding**

This LOS is between NSPA and its member organizations to outline meaningful coalition participation. As such, this LOS does not outline the requirements of accounting and accountability in the event HPP funds or HPP funded assets are loaned or otherwise bestowed upon a facility or organization. In such event, the facility or organization may be required to sign an additional MOU outlining these concerns as a condition of receipt of these assets. This may occur in advance of need, if so desired, and is a condition of *funding* - not a condition of *participation with or membership in NSPA*.

**Duration**

This LOS is at-will and may be modified by mutual consent of authorized officials from either party. This LOS shall become effective upon signature by the authorized officials from the both parties and will remain in effect until modified or terminated by any one of the partners or by mutual consent. This LOS is to be renewed annually to coincide with the HPP fiscal year which begins runs July 1 – June 30.

**Contact Information**

Primary Facility/Organization Contact:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Contact Info: \_\_\_\_\_

Secondary Facility/Organization Contact:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Contact Info: \_\_\_\_\_

Additional organizational contacts are encouraged and can be submitted on an additional sheet.

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature  
(Partner name, organization, position)

\_\_\_\_\_ Date: \_\_\_\_\_

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Robert Hawkins  
Executive Director, NSPA