

# Letter of Support

Between

**Southwest Virginia Healthcare Coalition**

And

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This Letter of Support (LOS) sets forth the terms and agreements between the Southwest Virginia Healthcare Coalition (SVHC) and \_\_\_\_\_ to support regional healthcare preparedness in the Southwest region of Virginia.

## **Background**

The Southwest Virginia Healthcare Coalition (SVHC) is the identified regional healthcare coalition for the southwest region of Virginia as part of the Virginia Healthcare Emergency Management Program (VHEMP). VHEMP is a cooperative agreement between the Virginia Hospital and Healthcare Association (VHHA) and the Virginia Department of Health (VDH) Office of Emergency Preparedness (OEP) with funding through the U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). The awardee for the program is the Virginia Department of Health.

SVHC 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 SVHC. SVHC 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 State's Virginia Healthcare Alerting Status System (VHASS), including primary and secondary facility contacts.
2. Members must maintain current contact information in SVHC's regional alerting processes. This includes the Unified Tired Alerting Process (UTAP), and newsletter communications.
3. Members will utilize VHASS and regional alerting capabilities at least monthly and as requested to maintain situational awareness during exercises and incidents.
4. 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. A virtual web-based teleconference platform may be utilized as a means of attendance for those members unable to attend in person.

**Reporting**

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

**Funding**

This LOS is between SVHC 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 an 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 SVHC*.

**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 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 in the event of a change in the listed Facility Contacts(below) or annually to coincide with the HPP fiscal year, which 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: \_\_\_\_\_

Authorized signature  
(Partner name, organization, position)