



LOUISIANA HOSPITAL ASSOCIATION RESEARCH & EDUCATION FOUNDATION

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Health and Human Services (HHS) Grant Hospital Preparedness Program (HPP) FY 2014-2015

Declination Form

_____ My organization has read the FY 2014-2015 Participation Agreement and will NOT participate in the HPP grant process for this grant year.

- Audit requirements;
- Complicated process with too many requirements and stipulations;
- Requires spending funds upfront and waiting for reimbursement; or
- Other Reason(s) (Please explain)_____

Organization: _____

Hospital CEO/EMS Director (Print): _____

Hospital CEO/EMS Director Signature: _____

Phone/Fax: _____

E-mail: _____

Date: _____

**Please fax your completed Form to LHA Research and Education Foundation at
225-927-1230 by February 6, 2015.**