

## COMMUNITY APPLICATION FOR FUNDING

Date: \_\_\_\_\_ LRHF Ref No: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Equipment/Program Name: \_\_\_\_\_

Description (attach information if needed): \_\_\_\_\_

Who will benefit: \_\_\_\_\_

Cost Estimate (Please attach quote):

Price: \_\_\_\_\_ Taxes: \_\_\_\_\_ Freight: \_\_\_\_\_ Qty: \_\_\_\_\_ Total: \_\_\_\_\_

Other Contributors: \_\_\_\_\_

Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_  
(Authorized Authority)

### LRHF Board Action if greater than \$10,000

Approved

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

Tabled/Defeated

LRHF, CEO Signature: \_\_\_\_\_

Motion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Approved to Order

LRHF, CEO Signature: \_\_\_\_\_

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

### Internal Use Only

Receive PO

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

Order Arrival

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

Donor Follow-up

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

### Release of Funds

Actual Invoice included

Fund Source: \_\_\_\_\_

Amount \$ \_\_\_\_\_

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

Cheque # \_\_\_\_\_