

REQUEST FOR FUNDING

LRHF Ref No (PO#): _____

1. Provide the details:

Equipment or Program Name: _____

Date: _____

Facility: _____ Department: _____

Contact Details for Requestor (project leader)

LRHF will inform the 'requestor' of the status of their application. If approved, it is the responsibility of the requestor to report back within a year and to inform all related personal of the approval to see that the equipment/program is ordered/followed through.

Print Name: _____ Signature: _____

Organization: _____ Title/position: _____

Email: _____ Phone: _____

Description (attach additional information in detail that addresses the following questions):

What it is? _____

What does it do? _____

Who will benefit? _____

Why is it needed now? _____

Cost Estimate (attach quote):

Price (without tax): \$ _____ GST: _____ Other Tax: _____ Total: _____

List other Partners/Contributors and their Investment to this project (if applicable):

Name: _____ contribution: _____

Name: _____ contribution: _____

Name: _____ contribution: _____

Name: _____ contribution: _____

Name: _____ contribution: _____

2. Send to appropriate Senior Management and Executive Directors for approval:

Health Authority Approval (SHA/AHS)		
Is it currently on the capital request list?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since what year: _____
Manager or Requestor (print name): _____	Signature: _____	Date: _____
Director (print name): _____	Signature: _____	Date: _____
Executive Director (print name): _____	Signature: _____	Date: _____
If \$100,000 or greater		
VP (print name): _____	Signature: _____	Date: _____

Community Approval (not SHA/AHS)	
Authorized authority (print name): _____	Title: _____
Signature: _____	Date: _____
Manager/Executive Director (print name): _____	Signature: _____
Board Chair (print name): _____	Signature: _____

3. Send to Lloydminster Region Health Foundation for approval

Email us at info@lrhf.ca or mail to suite 116 – 4910 50 Street, Lloydminster SK S9V 0Y5

If your request is over \$10,000 you may be asked to present your request to the LRHF Projects Committee, who review requests before they are taken to the entire Board for consideration.

LRHF Board Action if greater than \$10,000	
<input type="checkbox"/> Approved	Date: _____
<input type="checkbox"/> Tabled/Defeated	LRHF, CEO Signature: _____
Motion: _____	_____
_____	_____
_____	_____

Internal Use Only. Release of funds.	
<input type="checkbox"/> PO entered or <input type="checkbox"/> Invoice included & paid	Date: _____
Fund Source: _____	Date: _____
Amount \$ _____	Cheque # _____

4. Project Evaluation. DUE 1 YEAR after initiation of the project

Report back on the following questions and submit to info@lrhf.ca

1. Were the goals of the project achieved and if so, describe briefly. If not, indicate the issues that arose impacting the project.
2. Indicate the number of individuals affected/impacted by receiving this funding.
3. Please provide a brief budget summary of fund utilization.