



# REQUEST FOR FUNDING

LRHF Reference No (PO#): \_\_\_\_\_

Consideration will only be given to fund requests that serve to further Lloydminster Region Health Foundation (LRHF) Purposes. Which of LRHF's purpose(s) are being achieved by this activity:

To enhance health care and support preventative and mental health needs by providing SHA or AHS (and their subsidiaries- qualified donees) with financial assistance for the acquisition of equipment, furnishings, facilities, and programs for the benefit of the community and its residents.

To provide scholarships and professional development opportunities to individuals through financial assistance as it relates to education in the healthcare, mental health, and wellness sectors.

How is this request furthering LRHF's purpose(s): \_\_\_\_\_

## 1. Provide the details:

Equipment/Program: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Description (attach info as needed, address questions such as: what is it? What does it do? Who will benefit? Why is it needed now): \_\_\_\_\_

Cost Estimate (attach quote):

Price: \_\_\_\_\_ Qty: \_\_\_\_\_ GST: \_\_\_\_\_ Other Tax/Freight: \_\_\_\_\_ Request to LRHF \$ \_\_\_\_\_

### Contact Details for Requestor (project leader)

Organization: \_\_\_\_\_ Business # \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

**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.**

I declare that the information in this report is accurate and complies with the eligibility criteria as set out in the original application. (If information is found to be inaccurate or incomplete it may affect future funding opportunities)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

## LRHF INTERNAL USE ONLY

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

Approved

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

Tabled/Defeated

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

Motion: \_\_\_\_\_

### RELEASE OF FUNDS

PO entered or  Invoice included & paid

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

Amount \$ \_\_\_\_\_ Cheque # \_\_\_\_\_

## 2. Provide a list of other contributors

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

Name: \_\_\_\_\_ contribution: \_\_\_\_\_

Name: \_\_\_\_\_ contribution: \_\_\_\_\_

Name: \_\_\_\_\_ contribution: \_\_\_\_\_

Name: \_\_\_\_\_ contribution: \_\_\_\_\_

## 3. Requestors appropriate senior level approval:

### HEALTH AUTHORITY APPROVAL (SHA/AHS)

Is it currently on the capital request list?  No  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: \_\_\_\_\_

## 4. Send to Lloydminster Region Health Foundation for approval

Email us at [info@lrhf.ca](mailto: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 of Directors for consideration.*

## 5. Project Evaluation. DUE 1 YEAR after initiation of the project

Report back on the following questions and submit to [info@lrhf.ca](mailto: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. Identify strengths and weaknesses of the project
3. Provide a spending summary of fund utilization.
4. Indicate the number of individuals affected/impacted by receiving this funding.
5. Provide participant evaluation of the program.
6. Indicate any community, staff, and/or volunteer involvement.
7. Indicate if this provided new employment opportunities.
8. Indicate if any vulnerable populations were impacted directly by the funding.
9. Provide any other feedback.