REQUEST FOR FUNDING

LRHF Reference No (PO#): _____

Consideration will only be given to fund requests that serve to further Lloydminster Region Health Foundation (LRHF) Purpose below.

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.

How is this request furthering LRHF's purpose: _____

_____

_____

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 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

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.