

ANNEX B: TEMPLATE TO IDENTIFY HEALTH NEEDS FOR COVID-19

Please submit to: COVID19needs@fnha.ca

COVID-19 Template for Additional Supports Needed

Name of Community or Health Service Organization (list communities served):

Community lead/contact (including email and phone number): _____

Date of Submission: _____

Estimates/Invoices/Receipts Attached for items and/or services purchased (please list below and attach photocopies of invoices with your funding request) or submit a table of funding estimates

- *Invoice/receipt 1...*
- *Invoice/receipt 2...*
- *Invoice/receipt 3...*

Template example

Item/service Purchased	Date of purchase	Cost of purchase	Reason for Request
<i>Additional bed linens</i>	<i>March 16, 2020</i>	<i>\$100.00</i>	<i>Additional bed linens to support infection prevention control measures in communities where self-isolation of members occurring in separate facility from house</i>
<i>Cell phone</i>	<i>March 15, 2020</i>	<i>\$75.00</i>	<i>Cell phone required for additional public health nurses staffed in community</i>

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