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

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

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