



# Request for Community COVID-19 Financial Support

Last updated on March 16, 2021



Please complete the following form to request funding or reimbursement for health related community COVID-19 financial support and submit to [COVID19needs@fnha.ca](mailto:COVID19needs@fnha.ca). For more information on what items the FNHA is able to support, please see the [COVID-19 Community Support](#) (guide).

## Requester information

Date of Submission:		Contact Name:	
Contact Email:		Contact Phone Number:	
Community/Health Service Organization:			

## Summary of Request

Description of item/service:	What it is required for?	What is the cost? <i>(Please attach invoices or estimates if applicable)</i>
<b>TOTAL COST:</b>		

## Additional Information

*For Internal FNHA Use Only*

Position	Reviewed	Approved	Signature	Date
Deputy Director	<input type="checkbox"/>	<input type="checkbox"/>		
Regional Executive Director	<input type="checkbox"/>	<input type="checkbox"/>		
VP, Public Health Response	<input type="checkbox"/>	<input type="checkbox"/>		
COO	<input type="checkbox"/>	<input type="checkbox"/>		
CEO	<input type="checkbox"/>	<input type="checkbox"/>		

Project Code	Program Code	Cost Centre	Location Code	Account Number