

## Section One: Overview

Please provide an overview of your proposal including:

- Brief description of what you propose to use the funds for (course description, equipment, program, etc.).
- Please attach any certificates, receipts, or quotes.

Who will be utilizing the funds (staff member, champion, residents):

Amount of funding requested (maximum \$5000):

Any timelines that may be associated (reimbursement, conference dates, etc.).

## Section Two: Organization Information

**Please provide your organization name:**

**Facility name(s) where funding was utilized:**

**Main address of the facility (Organization main office address if numerous sites utilized funding):**

**Main contact name, title, email address, and phone number regarding this funding:**

**Please indicate who the cheque should be made out to:**

**Questions? Call the Porcupine Health Unit at 1-800-461-1818**