



Granting Program Application

Organization Name:

Program Representative:

Amount Requested:

Item/Service: (picture if available)

Purpose of Item/Service:

Potential Healthcare Value to the Community: (numbers served, projected results, method of evaluating success)

Rationale for Request: (funding shortfall, new program, expansion of current program, impact of item/service on enhancing Healthcare)

Date received:

Date reviewed:

Recommendation:

Date approved/denied:

Applicant informed:

Invoice received:

Cheque issued:

Final report received: