



REQUEST FOR COALITION FUNDS

Date	
Name of Program or Request	
Requesting Funds for: (check ONLY ONE*)	<p style="margin-left: 40px;"> <input type="checkbox"/> COVID -Specific <input type="checkbox"/> Infection Control <input type="checkbox"/> PPE for Infectious Disease <input type="checkbox"/> Mental Health Services for Healthcare Workers <input type="checkbox"/> Other COVID <input type="checkbox"/> Emergency Operations Center Supplies / Equipment <input type="checkbox"/> Communications Equipment <input type="checkbox"/> Other </p>
Region in which the Facility is Located	<p style="margin-left: 40px;"> <input type="checkbox"/> Central <input type="checkbox"/> Northern <input type="checkbox"/> Southern <input type="checkbox"/> Western </p>
Capability Alignment	<p style="margin-left: 40px;"> <input type="checkbox"/> Capability 1: Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge </p>
Organization and Facility	
Contact Person	
Contact Email and Phone Number	
Amount Requested (Maximum \$5,000)	

*A separate request must be submitted for each category.

1. Describe the supplies, equipment, or services for which HPP funds are being requested. Be specific. Also, explain how this purchase will support COVID-19 response efforts or the general improvement of this facility's ability to respond to an emergency.

2. Provide a justification for this purchase. Why is it needed?

3. Provide a breakdown of costs for this purchase. You may include a price sheet, a bid, or a quote. Do NOT submit an invoice.

4. Provide any additional information that you would like. (Optional)

Submit your completed request form to azcheradmin@azhha.org.