



REQUEST FOR COALITION FUNDS

Date	
Name of Program or Request	
Requesting Funds for: (check ONLY ONE*)	<input checked="" type="radio"/> Preparedness Supplies and Functions, such as: <ul style="list-style-type: none"> <input type="radio"/> Infection Control <input type="radio"/> Personal Protective Equipment (for infectious disease, decontamination, etc.) <input type="radio"/> Triage systems <input type="radio"/> Emergency Operations Center Supplies / Equipment <input type="radio"/> Communications Equipment <input type="radio"/> Other
Region in which the Facility is Located	<input checked="" type="radio"/> Central <input type="radio"/> Northern <input type="radio"/> Southern <input type="radio"/> Western
Capability Alignment	<input checked="" type="radio"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="radio"/> Capability 2: Health Care and Medical Response Coordination <input type="radio"/> Capability 3: Continuity of Health Care Service Delivery <input type="radio"/> Capability 4: Medical Surge
Organization and Facility	
Contact Person	
Contact Email and Phone Number	
Amount Requested (Maximum \$5,000)	

*A separate request must be submitted for each category.

<p>1. Describe the supplies, equipment, or services for which HPP funds are being requested. Be specific. Also, explain how this purchase will support the general improvement of this facility's ability to respond to an emergency.</p>
<p>2. Provide a justification for this purchase. Why is it needed?</p>
<p>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.</p>
<p>4. Provide any additional information that you would like. (Optional)</p>

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