



Client or Tenant Funding Application Form

SECTION 1: APPLICANT INFORMATION

Client/Tenant Name:

Phone #:

SECTION 2: CONTACT INFORMATION

If different from above (if you are applying for funding on behalf of a client or tenant).

Name:

Phone #:

Email:

SECTION 3: SUMMARY OF REQUEST

What is the purpose of the funding (include details and history of previous approvals)?

SECTION 4: FUNDING DETAILS

Date of Application:

Deadline for Response:

Total Amount Requested (\$):

Name of Supplier:

Please describe any other funding contributions to this purchase.

What other funding sources have been explored for this application? (mandatory)

Assistive Devices Program

Ontario Disability Support Program

Social Services

March of Dimes

Other (please explain)

Not applicable (please explain)



Individual Client or Tenant
Funding Application Form

SECTION 5: BENEFITS OF THE FUNDING

How will the funding support the applicant to live independently and/or improve their health and wellbeing?

Does this request affect the Health and Safety of Thrive Staff? Yes No Unsure

If yes, how will the Health and Safety of staff improve with this purchase?

Please add any additional comments that might help in the review and approval of this application.

SECTION 6: SUBMIT APPLICATION

Email your completed application to Sandy Woodhouse, CEO sandy.woodhouse@thrivehs.ca

For Lead Team Use

Date of Lead Team Meeting _____ or 2 signatures required (less than \$500)

Request Approved _____ Quotes Required: _____

Request Approved _____ Request Denied _____

Health and Safety Committee Approval Needed for Operating funds Yes* No

* If yes, minutes should be attached to application for filing