

## SECTION 1: APPLICANT INFORMATION

Name:

Phone #:

Email:

## SECTION 2: SUMMARY OF REQUEST

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

## SECTION 3: FUNDING DETAILS

Date of Application:

Deadline for Response:

Total Amount Requested (\$):

Name of Supplier (if applicable):

Please describe any other funding contributions to this purchase.

What other funding sources have been explored for this application?

**SECTION 4: BENEFITS OF THE FUNDING**

Does this request affect the Health and Safety of Thrive Staff?      Yes                  No  
If yes, how will the Health and Safety of staff improve with this purchase?

How does the project support the Mission, Vision, and Values and/or Strategic Plan of Thrive?

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

**SECTION 5: SUBMIT APPLICATION**

Email your completed application to Sandy Woodhouse, CEO [sandy.woodhouse@thrivehs.ca](mailto: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 \_\_\_\_\_