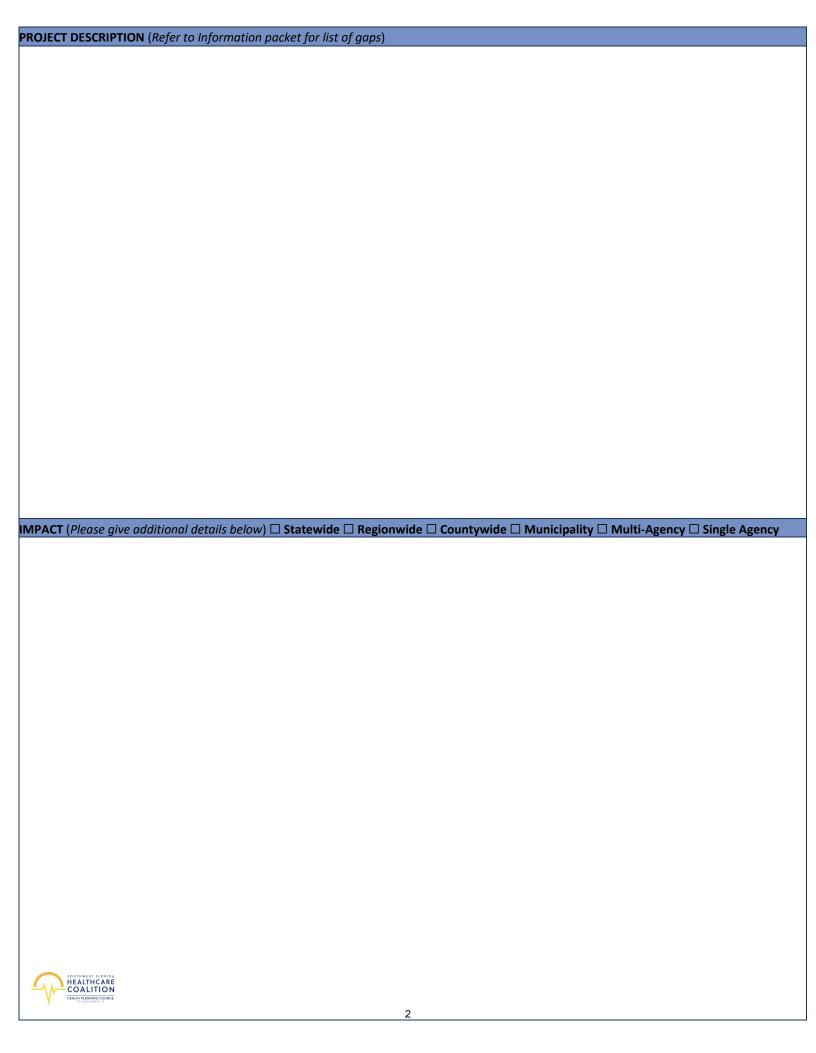


Southwest Florida Healthcare Coalition

Request for Funding

The mission of the Southwest Florida Healthcare Coalition is to support regional healthcare emergency preparedness, response, and recovery capabilities through collaboration, training, and planning.

REC	QUEST FOR FUNDING PROPOSAL	
	APPLICANT INFORMATION	
Project or Purchase Title:	ALLECART IN ORIVINION	
	lies/Equipment Exercise or Other (Ple	ase describe):
Date:	Amount Requested:	
Organization Name:		
Current address:		
City:	State:	ZIP Code:
Agency Type: For Profit \square Non-Profit	Government Other:	
	CONTACT PERSON INFORMATION	
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	
Title:		
	SHIPPING INFORMATION	
Recipient Name:		
Company Name:		
Address:		
City:		
State:		Zip Code:
	WHAT GAP YOU ARE FILLING	
Plan and conduct coordinated exercises with health	care coalition members and other response	organizations.
☐ Educate and train on identified preparedness and	response gaps.	
☐ Identify and coordinate resource needs during and	emergency.	
☐ Train and exercise to promote responder's' safety	and health.	
☐ Assess regional health care resources.		
\square Distribute resources required to protect the healtl	n care workforce.	
	PROJECT PHASE	
Is this a new project?		
□ Yes □ No		
Does this sustain an existing capability?		
☐ Yes ☐ No		
Does this project build/enhance a capability?		
☐ Yes ☐ No		
Will items be used for daily use?		
☐ Yes ☐ No ☐ N/A		
Can this project be completed by 06/30/24? ☐ Yes ☐ No		
☐ Yes ☐ NO If this project is not funded in the current cycle, wou	ıld you like it to be considered in future	
cycles?	and you are to be considered in fatale	
□ Yes □ No		



lease describe how this project contributes to the coalition mission and helps fulfill one or more of the prioritized gaps. See instruction age 2 for gaps.	
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you are requesting items, please describe where they will be stored and plans for any training and maintenance that may be required.	
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Requestor Name: _____ Date of Event (if applicable): _____

Health Planning Council of Southwest Florida, Inc. Purchase Authorization

TO BE FILLED OUT BY PARTICIPANT			
ITEM	VENDOR	\$ AMOUNT	
	Select One		
☐ We have attached bids (at least 3, ca	n be internet quotes or prices) and chose a source	e based on:	
	only available from a single source. We have dete	rmined the	

