



### Request for Coalition Funds – Supplies & Equipment

Requesting Funds for: (check ONLY ONE*)	<input type="checkbox"/> Medical Surge Equipment <input type="checkbox"/> Emergency Communications Equipment <input type="checkbox"/> Personal Protective Equipment (PPE) <input type="checkbox"/> PPE specific to Highly Infectious Disease <input type="checkbox"/> Other Supplies and/or Equipment
Organization and Facility	
Contact Person	
Contact Email and Phone Number	
Amount Requested	
Approval Signature	
Approval Name and Title	
1. Describe the supplies and/or equipment for which HPP funds are being requested.	
2. Provide a justification for this purchase. Why is it needed?	
3. Describe how this activity and/or equipment support(s) the emergency preparedness and response efforts of the Central Region coalition <i>in addition to</i> the efforts of the individual organization.	

\*A **separate** request for funds must be submitted for each category.



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4. Provide a breakdown of costs for this purchase. You may include a price sheet, a bid, or a quote. Do NOT submit an invoice.
5. Provide any additional information that you would like. (Optional)

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