



REQUEST FOR COALITION FUNDS

Date	
Name of Program or Request	
Requesting Funds for: (check ONLY ONE*)	☒ Preparedness Supplies and Functions, such as: ☐ Infection Control ☐ Personal Protective Equipment (for infectious disease, decontamination, etc.) ☐ Triage systems ☐ Emergency Operations Center Supplies / Equipment ☐ Communications Equipment ☐ Other
Region in which the Facility is Located	☒ Central ☐ Northern ☐ Southern ☐ Western
Capability Alignment	☒ Capability 1: Health Care and Medical Readiness ☐ Capability 2: Health Care and Medical Response Coordination ☐ Capability 3: Continuity of Health Care Service Delivery ☐ 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.

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.
2. Provide a justification for this purchase. Why is it needed?
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.
4. Provide any additional information that you would like. (Optional)

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