Ontario Health Santé Ontario
East   Est

One-Time Urgent Funding Request

This form is to be used for Health and Safety related **ONE-TIME** **URGENT** **IN YEAR FUNDING WITHIN $150,000 LIMIT ONLY.** It is at the sole discretion of Ontario Health East if the request will be considered 'Urgent'. If not deemed urgent, then the request will be declined and returned. Ontario Health East cannot guarantee funding will be available for the requests.

Submission Instructions:

Completed forms are to be sent electronically to: **OH-East_Submissions@ontariohealth.ca** with the subject line One-Time Urgent Funding Request [agent name]. Please also copy your respective Ontario Health East Performance, Accountability and Funding Allocation Lead contact.

- Please ensure all sections are completed before you submit your application.
- Supporting documentation should include a minimum of 3 quotes. If 3 quotes are not available/possible, then rationale is required.
- For confirmation of receipt, please enable delivery receipts along with your submission.

Health Service Provider	
Name of Submitter	
Title of Submitter	
Email Address	
TPBE	☐HOSP ☐ABI ☐SH ☐AO ☐CSS ☐SAP ☐CHC ☐CMHP ☐HC-OH ☐PALC ☐PG
Nature of Request (check box)	☐ **Health & Safety** ☐ **Code Compliance** ☐ **Asset Integrity-Imminent Breakdown**

Amount of One-time Funding Requested	**$**

 Note: please include applicable taxes

Please (i) clearly describe the nature and extent of the urgent situation that requires funding, and (ii) briefly explain why immediate financial support is necessary.

Senior Management Approval
Supporting Documentation:

☐ By checking this box, the HSP confirms that senior management (CEO/ED and CFO) is aware of and is supportive of this funding request.

☐ For "new" one-time funding request we certify that a year-end surplus is not projected.

- Urgent Funding requests will be reviewed within 21 business days at a minimum.
- Funding request submissions will be saved until an appropriate funding opportunity arises or until end of the current fiscal year.
- Quotes are to be provided if applicable (if less than 3, rationale is required).

Ontario Health East will contact you if more information on your request is required and/or if an appropriate funding opportunity becomes available.

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