

Request for Support Application

Name of Applicant	
Phone number	
Contact Email	

1. What need within our community is the project designed to address?

2.
 - a. Has work already been done? If yes, please provide details- what work has already been accomplished and who was involved?

 - b. Have you applied for or received funds from third-party sources? Please provide details. (e.g. pharmaceutical companies, government, health authorities, non-government agencies).

3. In what capacity do you see the Central Okanagan Division becoming involved in your proposal?

4. Do you anticipate involvement of other agencies aside from the Division for successful implementation of this proposal? If so, who? (e.g. Ministry of Health Services, Interior Health Authority, other).

5. Please provide information on how your project will help to:
 - a. Improve patient outcome:

 - b. Reduce costs to health care system:

 - c. Improve both patient and provider experience within the health care system: