Spokane County EMS & Trauma Care Council

SPOKANE EMS TRAUMA CARE COUNCIL
REQUEST FOR FUNDING

Rec'd: ___/___/___
By: _____

Date of Request: | Proposal Name:

REQUESTOR

Name: | Title:
Agency: | Address:
Phone: | Email:

FINANCIAL INFORMATION

Annual Cost: | Funding Period: | Total Cost:
Cost Share?: ☐ Yes ☐ No | Cost Share With: | Cost Share Amount:
Revenue Generating: ☐ Yes ☐ No | Projected Annual Revenue:
Discount Applied: | Notes:
Is this a recurring payment? ☐ Yes ☐ No *If yes, how?* ☐ Monthly ☐ Quarterly ☐ Yes
**Attach all supporting documentation regarding cost (including itemized quote if applicable)*
When do you need funds? | Requested Decision Date:

DESCRIBE ANY INDIRECT COSTS THAT MAY BE ASSOCIATED WITH FUNDING THIS PROPOSAL

PROPOSAL INFORMATION

PROPOSAL DESCRIPTION ***(Include problem intended to be addressed with use of funds, if applicable)***

REQUEST FOR FUNDING

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HOW WILL ALL COUNCIL AGENCIES BENEFIT FROM USE OF FUNDS?

HOW WILL SPOKANE CITIZENS BENEFIT FROM USE OF FUNDS?

Continue on separate page if necessary

OTHER CONSIDERATIONS FOR THIS PROPOSAL

Are you prepared to present to council following recommendation from Finance Committee?:

☐ Yes ☐ No ☐ Only if Approved

Attachments:

By signing below, I understand I am requesting use of council funds, which are funded by partner public and private agencies. I attest that the above information is truthful, have attached all supporting documents (quotes, estimates, scope of work, etc), and that I do not have any undeclared conflict of interests.

Signature of Requestor:

Date Signed:

FINANCE COMMITTEE ONLY

Completed form should be submitted Berkley VanHout (bvanhout@spokanecity.org) at the Spokane EMS Trauma Care Council Office at least 4 weeks prior to the Council Meeting at which you would like this proposal considered.