



Funding Proposal

Name of Submitter	
Email Address	
Health Service Provider	
Sector	<input type="checkbox"/> Hospital <input type="checkbox"/> LTC <input type="checkbox"/> Community

Please provide a high level description of your proposal

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Please describe how this proposal will impact the province's Health System Stability and Recovery Plan or Ontario Health's Annual Business Plan priorities

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Funding Request

	One-Time	Base
2024/25		
2025/26		
Does your proposal require renovations or major equipment? If so, please detail		

Program Start up

Please provide an estimated start up time for your proposal:

- 1-6 weeks
- 6-12 weeks
- 13-26 weeks
- Longer than 26 weeks

Senior Management Approval

- By checking this box, the HSP confirms that senior management (CEO/ED and CFO) is aware of, and is supportive of this submission

Please send your proposal to OH-Central.SystemImprovement@OntarioHealth.ca

This note this form is not to be used for regular communicated processes such as responses to requests for proposals, reallocation requests, etc. This form is intended to capture requests that are outside our regular course of business, such as requests for unfunded project ideas.

OH Central cannot guarantee that we will be able to provide funding for requests. Please note the following:

- Funding requests will be reviewed on a quarterly basis at a minimum.
- Funding request submissions be saved until an appropriate funding opportunity arises or for 12 months from date of submission.
- OH Central will contact you if more information on your request is required and/or if an appropriate funding opportunity becomes available.