



COST-SHARING REQUEST FORM

The ESSA Cost-sharing program exists to support ESS teams in acquiring essential ESS supplies and ongoing development and support of their ESS program and equipping ESS Volunteers with safety and program resources.

COMMUNITY ESS TEAM:	
CONTACT NAME:	CONTACT PHONE:
ADDRESS:	CITY:
POSTAL CODE:	EMAIL:

DESCRIPTION OF ITEMS REQUESTED	ESTIMATED COST

TOTAL ESTIMATED PURCHASE AMOUNT \$ _____

Personal reimbursement authorized by: (name & title)

Cheque reimbursement should be made out to:

I hereby request reimbursement for up to ½ the Total Purchase Amount per ESSA's cost-sharing initiative. I understand that the reimbursement cannot exceed the allotted maximum for our community.

Signature of claimant: _____

Date: _____

ESSA would be pleased to feature your ESS Team in mESSAges with photos displaying members from your team with their new ESS cost-shared equipment and supplies. Please send to Janine at execdirector@essa.ca and be sure to include your community name, names of those in the photo, and their role within ESS.