Rural Coordination Centre OF BRITISH COLUMBIA

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GENERAL INFORMATION

APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME
ADDRESS (INCLUDE POSTAL CODE)		
PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS	
RCME SUPPORT REQUIRED		NUMBER OF PHYSICIANS INVOLVED
NUMBER OF COMMUNITIES INVOLVED	START DATE	END DATE
REQUESTED AMOUNT OF FUNDING (<$1,000.00)	WILL YOU HAVE FUNDING FOR THIS ACTIVITY FROM ANY OTHER SOURCE? (IF YES, PROVIDE DETAILS) YES ☐ NO ☐	THE RCME COMMUNITY PROGRAM WOULD LIKE TO SHARE INNOVATIONS ACROSS BC. DOES THE TEAM HAVE YOUR APPROVAL TO DO SO? YES ☐ NO ☐

SUMMARY

Please provide a summary of the activity or supports needed.

Expenditures requested in this application must be consistent with the criteria as set out in the RCME Community Program policy. All funding approved within this application form will be held and administered by the Rural Coordination Centre of BC (RCCbc). Upon approval of this form, please contact rcme@rccbc.ca for processing of receipts or reimbursement details.

To be approved by the Provincial Manager, RCME Community Program, RCCbc or Executive Director, Operations, RCCbc.

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Total funds approved *Printed Name* *Signature* *Date*