

Once Complete

Attach supporting information along with this form and email it to AHSCOVIDoffer@ahs.ca

An AHS representative will contact you to clarify any information provided on this form if required.

For any questions or for a status update email AHS COVID Offer - AHSCOVIDoffer@ahs.ca

Contact Information of Offerer				
Offerer Name	Title		Company	
Phone	Email			
Details on Type of Support offered <i>(provide a brief summary of intended supplies/equipment/support offered)</i>				
Supplies/Equipment Itemized <i>(Provide specifics below on the type of proposed supplies/equipment/support)</i>				
Proposed Offers of Support	Description	Supplier Name <i>(if applicable)</i>	Supplier Device Code(s) <i>(if applicable)</i>	<i>(Add additional details)</i>
AHS Internal Use				
Name of Evaluator <i>(print)</i>		Signature		Date <i>(yyyy-mon-dd)</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <i>(provide reason why)</i> _____				