NDHN
www.ndhn.com

Northern Ontario Aboriginal Diabetes Initiative

Request For Funding
Diabetes Resource Catalogue

Community/Organization making request: _____

Name of Chief or Executive Director: _____

Name of person placing order: _____

Mailing address: _____

_____

Phone number of person placing order: _____

Total amount requested including taxes and shipping: _____

Resources to be purchased with NDHN approved funds:

Name of resource and brief description	Number requested	Total cost
	Taxes (13%)	
	Shipping estimate (10%)	
	TOTAL	

Please fax your request to the NDHN at to: 1-807-623-5454

NDHN/NOADI/F001