

## NSO COVID-19 TESTING FUNDING REQUEST FORM

Submission Date			
Name of National Sport Organization			
Name of <del>HP</del> Person			
		Email	
		Phone #	
Location of Testing			
Event Name			
Reasons for COVID-19 Testing			
Name of Medical Practitioner			
Number of Tests		Costs per test	
Number of HP Athletes	NextGen	<small>If requested, please provide athlete list</small>	
	Senior National Team		
NSO has ensured available PPE for sample collection		Yes	No

Briefly describe PPE and testing environment:

### Budget Request

Testing Costs	Amount	Notes
Test Costs - Total		
Infrastructure Testing Costs		
<i>Item #1 (Please identify)</i>		
<i>Item #2 (Please identify)</i>		
<i>Item #3 (Please identify)</i>		
<i>Item #4 (Please identify)</i>		
<i>Item #5 (Please identify)</i>		
<b>Final Budget Request</b>		
NSO HPD Name:		OTP HPA / Director
Signature:		Signature: