



**NC Triangle Coalition**  
HEALTHCARE PREPAREDNESS

DHPC

**2017 -2018 Duke Healthcare Preparedness Coalition  
Project Submission**

**Title:**

**Project Manager:**

**Entity Requesting Funding:**

**Description:**

**Justification:**

**Are matching funds being used (Yes / No) :**

**If yes, amount:**

**Timeline for completion:**

**Itemized Project with Cost:**

Item Description	Quantity	Unit Price	Total Cost
TOTAL			