



Froedtert  
Menomonee Falls Hospital

**COMMUNITY OUTREACH STEERING COMMITTEE  
FUND REQUEST**

**Please print or type all information on this form.**

**Project:** \_\_\_\_\_ **Requested \$:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Specific geographic area served by organization:** \_\_\_\_\_

**Brief summary of organization's function and objective:** \_\_\_\_\_

\_\_\_\_\_

**If this organization has received a prior COSC Grant or a donation from Froedtert Menomonee Falls Hospital in the past year, please describe project, funding level and date received.**

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Availability of your services is restricted on the basis of race, sex, national origin or religion. If yes, attach explanation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		You refuse/restrict services to people unable to pay.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	You qualify as a not-for-profit organization under provisions of the <i>Internal Revenue Code</i> . Include 501(c)(3) verification. Grant requests from individuals not accepted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		The organization is local and delivers services to populations residing in Froedtert Menomonee Falls Hospital's Service Area
<input type="checkbox"/> Yes	<input type="checkbox"/> No		The organization is a unit of a national organization. Name:

**Funding Request Summary**

1. Briefly describe the specific project and how it relates to Population Health & Healthcare Equity, Access to Care & Navigation of Community Resources, Chronic Disease Prevention/Management or Mental Health/Substance Use.
2. Briefly describe how the project addresses social determinants of health such as income, housing, transportation, education, etc.
3. How will funds requested be used for this project (include copy of project budget)?
4. Identify the outcomes/benefits of this project and describe how they will be measured.
5. Describe the project's target population (size, age, composition, geographic location).
6. How will this project collaborate with others to address needs which are similar and avoid duplication?
7. Where else are you seeking funds for this project?
8. If this is an ongoing project, how do you propose to finance it in the future?

**Include the following (if applicable):**

- A. List of board of directors or organizational leaders
- B. Most recent annual report

**Return this request by January, April, July or October 20<sup>th</sup> via email to:**  
Email: [robert.ramerez@froedtert.com](mailto:robert.ramerez@froedtert.com) and [Kiara.green@froedtert.com](mailto:Kiara.green@froedtert.com)

**For questions, contact:**  
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