

Charles F. Fischer Society for Crippled Children, Inc.
Provider/Agency Request for Funds

Agency: _____ **Amount requested:** _____

Contact Person (include address, phone number, fax number and email address):

Date of proposal: _____

1. Purpose of funding. Provide any information to support the need for financial assistance for this program/service: _____

2. Who will be served by this program/service? Please be specific. _____

3. Approximately how many will benefit from the receipt of these funds? _____

4. Describe the desired outcomes of this program/service. Outcomes need to be measureable. Please be specific in describing the outcomes you hope to measure. _____

5. List other sources of funds that are used for this program/service. _____

6. If Charles F. Fischer Fund has been used in the past, describe how the funds were used and the outcomes. _____

Please feel free to use additional space or attach other pertinent information to this document. Thank you.

Signature: _____

Title/position: _____

Submit completed form to: Charles F. Fischer Society for Crippled Children, Inc.
111 S. Nelson Ave., Suite 1
Wilmington, OH 45177