



Lisa A. Cudahy Community Health Grant Application
Wisconsin Women's Health Foundation

Name of submitting organization: _____

Address: _____

Phone: _____ Fax: _____

Contact Person:

E-mail address: _____

Is your organization a non-profit? Yes No

Please submit the following attachments:

1. A summary (two pages maximum) on your organization's letterhead, including the following information:
 - a. An outline of the program for which funds are being sought.
 - ~A brief description of the program
 - ~Who will benefit
 - ~How will services be delivered
 - ~What will be achieved
 - b. A description of your organization
2. Verification of tax-exempt status under Section 501(c)3 of the IRS code, or equivalent tax-exempt status.
3. A budget of the program for which funds are being sought (include detailed budget for requested funds).

NOTE: THIS GRANT DOES NOT SUPPORT SALARIES

Mailing Instructions:

Please submit **7** typed or legibly written copies of your proposal to:

Nora Miller
WI Women's Health Foundation
2503 Todd Drive
Madison, WI 53713