

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

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Person making request: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of proposal: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 measurable. 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: \_\_\_\_\_ Date: \_\_\_\_\_

Title/position: \_\_\_\_\_

**Submit request to:** Charles F. Fischer Society for Crippled Children, Inc.  
c/o Clinton County Health Department  
111 S. Nelson Ave., Suite 1 Wilmington, OH 45177

Approved       Not approved      Amount Approved: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Charles F. Fischer Fund for Children signature

\_\_\_\_\_  
Date