

**Community Request for Beaver Dam  
Community Hospitals Foundation, Inc., Assets**



The mission of Beaver Dam Community Hospitals Foundation, Inc. is to raise and direct funds in support of the Marshfield Medical Center – Beaver Dam, local healthcare, and community health programs.

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Tax ID# \_\_\_\_\_ 501(c)3  No  Yes (Please include copy)

Project Title: \_\_\_\_\_

Name of Item to be purchased: \_\_\_\_\_

Quantity Requested: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Expected Benefits: \_\_\_\_\_

What is the cost/benefit analysis? \_\_\_\_\_

How many people will be affected by this project or program? \_\_\_\_\_

How will the project/program's outcome / results be reported to BDCHF? \_\_\_\_\_

What process/procedures have been established to administer this project/program? \_\_\_\_\_

If BDCHF does not award funds to this project how will you proceed? \_\_\_\_\_

If this is an ongoing project and BDCHF awards funds for this program/project this year, how will the program/project be funded in subsequent years? \_\_\_\_\_

Have you received funding or support from other organizations for this project or program? If so please describe.

\_\_\_\_\_  
(Continued on next page)

**Please provide copies of the following items when returning this form:**

- Written articles of incorporation or by-laws or other written document / statutes that define the applicant's purposes, membership, management and operation.
- A copy of your 501 (c)(3)
- If needed, please attach extra pages with additional / supporting information about your project/program.

**Contact person for further information or clarification:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**If approved, BDCHF reserves the right to forward press releases to the appropriate agencies and this project may be used for marketing purposes.**

For additional information please contact:  
Development Department  
Beaver Dam Community Hospitals Foundation, Inc.  
707 S. University Ave.  
Beaver Dam, WI 53916  
Phone: 920-887-4851