

WAUKESHA COUNTY MEDICAL SOCIETY

GRANT PROGRAM APPLICATION FORM

Please review full program guidelines and reporting requirements at www.WaukeshaCMS.org/grants.html

Project Title: _____

Amount Requested (max = \$2,500): _____

Project Timeline: _____

Applicant Information

Organization: _____

FEIN: _____

Contact Name & Title: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

APPLICATION

In addition to this cover page, your application should include a full description of your grant proposal. In a maximum of two pages, please describe:

- Brief Description of the applicant organization and the project
- Service area for the project (local, regional or statewide) and target population
- Evidence of need for project and project goals and outcomes
- How funds requested would be used to support the project
- Project partners who will be involved

REPORTING

Grant recipients must provide a final report within 60 days after their funded project is completed. Failure to provide a report may result in the organization not being eligible for future consideration. The final report on your grant award should include:

- Overview: Organization name; project title; date and amount of grant award.
- Project accomplishments: original stated goals and projected results compared to actual accomplishments and results. If any project goals were not met, provide the reasons for not meeting the goals, lessons learned and any impact on the overall effectiveness of the project. Include comments and data regarding the numbers of those involved or impacted by this project, and a description of how the project benefited the community.
- Project Materials: copies of printed materials, published results, or photos that may be used in a presentation, online or in a newsletter.
- Accounting: details of actual income and expenses of the project, including sources of other outside funds or in-kind contributions, if any, and how applicant was able to leverage WCMS grant funds to obtain other sources of funds, if applicable.

NEXT STEPS

Return application materials by email to: WaukeshaCMS@badgerbay.co. Please allow at least 60 days for a response.

Waukesha County Medical Society
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