

# REQUEST FOR FUNDING

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du cusm



the friends  
of the muhc

Name of Project/Equipment		EPC# (for all equipment)	
Submitted By		Phone + Ext.	
Dept/Unit		Site/Hospital	
Email		Date	
Why is this equipment/program/service needed?			
What do you see as the biggest impact it will make on your patients?			
What do you see the main differences will be to you/your department?			
How will you know your project is a success? Please tell us your goals/objectives.			
What approvals does your project require? Have they been obtained?			
How much are you asking from us?		When is it required?	
Are you seeking finance from any other foundation? If yes, please specify.			
Manager's Name		Manager's Email	

Return your completed form to [funding@friendsmuhc.org](mailto:funding@friendsmuhc.org)  
Please attach any documents that support your request