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## Application for Funds

*The Crossett Fund accepts applications on a continuous basis. Please allow four to eight weeks for application evaluation. The fund does not support ongoing program operation, direct patient care, or conference attendance. Please complete the following information and submit this form with your answers. **Thank you** for your interest in the Crossett Fund.*

<b>Date:</b>
<b>Name:</b>
<b>Organization:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Email:</b>

Please address the following questions in your application:

### 1. Who are you?

We want to know about you and your organization. Tell us how long your organization has existed; what your mission is; how you are funded; what services you provide and to how many people. We also want to know if people on your staff have special talents related to the project.

### 2. What is your proposal?

What is your project or program? What are the goals and objectives? How does it work and who will staff it? How will your proposal improve the health of children in southeast Alaska? How many children will be helped and how will you decide who participates? Please describe the community this serves. Have you done background research and is there data or information supporting the likely positive effects of the project? Describe any community support and collaboration for your proposal?

### 3. Financing

Please let us know the total cost of the proposal; whether you have other funding sources and what expenses they cover; what the funds requested from the Crossett Fund are intended to cover (including a budget); and how you intend to make this project financially self-sustaining if it is ongoing.

### 4. Evaluation

You will be asked to provide detailed qualitative and quantitative reports. Please tell us how you plan to evaluate the project—both in terms of impact on the community and financially—to ensure its success and to help it develop.

### 5. Timeline

When do you plan to start and complete your request/project?

**Please return your completed application to:**

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Seattle Children's Hospital  
PO Box 5371 / MS: RB.2.419  
Seattle, WA 98145  
tel: (206) 987-2125

fax: (206) 987-5022

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