

Cochrane Group funding support request form

Full name:

Cochrane Group:

Name of key contact in the group if different from above:

Group Address:

FUNDING:

Please fill in the below table with the areas of work for which you require funding, an estimate budget of what funding you require. As well as an indication of why you think this area of work is interesting to potential funders, and how this support Cochrane's Strategy to 2020?

Item to be funded	Why would this be attractive to funders	Amount of funding (state currency)	How might this support Cochrane in achieving Strategy to 2020?

Do you have any ideas for potential funders?

Please select what support you would like from The Cochrane Central Executive Team:

- ☐ Facilitate the discussion with the potential funder
- ☐ Review of draft proposal
- ☐ Help draft proposal
- ☐ Help maintain funding relations
- ☐ Other, please specify: _____

If required, please use this text box to expand on the above points:

If you have a specific bid or proposal you are applying for: Which other Cochrane Groups or people within Cochrane do you think are essential to involve in this bid? Do you already have a connection with these groups or person?

Once completed , email your form to **Kathelene Weiss, Development Co-ordinator,** (kweiss@cochrane.org). We aim to respond to requests within a week of receiving this form.

Please note: *although we will do our best to respond to your needs and support you in your fundraising endeavors, our engagement will depend on other grant applications and priorities already ongoing at the time we receive your request.*