



441 Charmany Drive  
Madison, WI 53719

## COVID-19 TEST DONATION REQUEST FORM

### REQUEST DETAILS

Initiative Title

Initiative Timeline (90 days maximum)

Requesting Organization

Location (City, County)

Number of Tests Requested  
(to be used within 90 days of initial receipt)

Proposed Population(s) Served

Brief Description of Proposed Kit Donation & Related Activities, including previous relevant organizational experience (limit 500 characters):

### PROPOSAL CONTACT

Title First Last Suffix

Organization/Institution Email Address

Address1 Phone

Address2

City WI State ZIP

#### Organization Type (must be one or both)

☐ Educational Support Organization

☐ Community Support Organization

Tax Exemption ID (required)

SUBMIT COMPLETED FORM AND SUPPORTING DOCUMENTATION VIA EMAIL TO [GRANTS@EXACTSCIENCES.COM](mailto:GRANTS@EXACTSCIENCES.COM)

### INTERNAL USE ONLY:

☐ Operational (Lab) Sign-Off Acquired

☐ COVID Committee Review

IN-KIND ITEM VALUE (IN U.S. DOLLARS)

BUDGET ALLOCATION