

# COVER SHEET

Complete this form and submit with your proposal.

**Request to:** The Moses Kimball Fund

Organization Name:	
Address:	
City:	
State:	
Zip Code:	

**CONTACT PERSON:**

Contact Person:	
Title:	
Phone Number:	
Email:	

**PROPOSAL REQUEST:**

Program/Project Name:	
Requested Amount:	

\_\_\_\_\_  
Signature of person submitting application

\_\_\_\_\_  
Date