

COVER SHEET

Complete this form and submit with your proposal.

Request to: The Mifflin Memorial 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