

Moving Mountains Foundation

****Complete Only The Section (S) Being Requested****

1. Request for Screening

How many screeners needed: _____

Length of time: _____ Population: _____

2. Request for Equipment/Supplies (attach additional pages listing equipment costs and amount needed)

Type of equipment/supplies: _____

Cost of equipment \$ _____

3. Request for Travel

Purpose of travel: _____

Miles between clinic and destination: _____ Number of individuals: _____