



*Maria M. Love Convalescent Fund
2012 Grant Application Form*

Name of Organization: _____

Address: _____

Director: _____

Phone: _____

Website Address: _____

Organization's Mission: _____

Annual Budget: _____

Funding Request:

Amount Requested: _____

Specific Program or Need: _____

How will this money be used? _____

How does this reflect mission of Maria Love? _____

Number of Clients Served by Program: _____

Current Funding Sources: _____

Program Administrator: _____

Telephone Number: _____

Email Address: _____

Please include validation of 501C3 certification for organization.

*Maria M. Love Convalescent Fund
Email: marialovefund@msn.com Phone: 716.984.9194 Fax: 716.716.1314*