



*Maria M. Love Convalescent Fund*  
*2010 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*  
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