

# CommunityCare Grant 2016 Application



**UB|MD** ORTHOPAEDICS  
& SPORTS MEDICINE

4225 Genesee Street  
Cheektowaga, NY 14225  
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## GENERAL INFORMATION:

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## ORGANIZATION INFORMATION:

Description of organization's mission: \_\_\_\_\_

Is your organization listed as a 501 (c) (3):      Yes      No

What year was your organization founded? \_\_\_\_\_

How many employees work at your organization? \_\_\_\_\_

Are you currently receiving grants / stipends from other sources? \_\_\_\_\_

Where is your organization headquartered? \_\_\_\_\_

What is your geographic service area? \_\_\_\_\_

**PROJECT INFORMATION:**

Please describe in detail how your organization will utilize the CommunityCare grant money, if chosen: \_\_\_\_\_

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List the programs your organization offers pertaining to health/wellness, sports/fitness, activities for the mentally disabled, women's/men's health, geriatric health, etc.: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* DEADLINE FOR APPLICATION : OCTOBER 1ST, 2016**

Print out and mail completed application to:

UBMD Orthopedics & Sport Medicine

4225 Genesee Street

Cheektowaga, New York 14225