

**Strowd Roses, Inc.**  
**FIRST-TIME GRANT APPLICATION**

*(PLEASE READ CAREFULLY THE DESCRIPTION OF OUR FUNDING GUIDELINES BEFORE COMPLETING THIS FORM. APPLICANTS **MUST** SUMMARIZE THEIR REQUEST ON THIS FORM; PLEASE DO NOT SIMPLY REFERENCE ATTACHED MATERIALS.)*

Name of Organization: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

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

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Does the organization have tax-exempt status? \_\_\_\_\_ If so, under what provision of the Internal Revenue Code? (e.g., 501(c)(3), etc.) \_\_\_\_\_ (If available, attach a copy of the IRS determination letter.) If organization operates under the auspices of another organization which has tax-exempt status, please state the name of the parent organization:

\_\_\_\_\_

Describe briefly the goals or purposes of the organization and the population it serves: *(Applicants may attach a letter up to two pages in length, along with copies of any brochure, mission statement, annual budget or other supplemental material):*

Describe briefly the project or purpose for which you are requesting funding, and explain how it will benefit the Chapel Hill-Carrboro community:

*(Applicant may attach an additional description or explanation not to exceed two pages in length, to this cover sheet, along with a copy of any brochures or other published materials. ALL applicants must attach a budget, which should include a statement of all prospective sources of income for the program or project in question).*

Amount Requested: \$ \_\_\_\_\_

Send your application to:  
Strowd Roses, Inc.  
P. O. Box 3558  
Chappel Hill, NC 27515-3558