

**Strowd Roses, Inc.**  
**REPEAT 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: \_\_\_\_\_

Give date(s) of previous applications to Strowd Roses: \_\_\_\_\_

If applicable, give the date(s) and amounts(s) of grant(s) awarded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the organization's tax-exempt status has changed in any way since the previous application to Strowd Roses, please explain and attach a copy of the latest IRS status determination letter for the organization or its sponsor. If status is unchanged, we do not require another copy of the letter

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