

**REPEAT Grant Application**

**APPLICANTS MUST COMPLETE THEIR REQUEST ON THIS FORM. PLEASE DO NOT SIMPLY REFERENCE ATTACHED MATERIALS. Supplemental materials are not to exceed two pages.**

**Name of Organization**:

**EIN:**

**Amount Requested**:

**Name of Contact Person**:

**Title of Contact Person**:

**Mailing Address / P.O. Box**:

**City**:

**Zip Code**:

**E-mail Address**:

**Telephone Number**:

**Web Site**:

1. **Please list the month(s) and year(s) of previous grant applications to Strowd Roses and if applicable, include the amount(s) and year(s) of the grant(s) awarded. *NOTE: In an effort to respond to emerging community needs, Strowd Roses limits awards to any single applicant to no more than one grant in any 12-month period and no more than two in any 36-month period. Before completing the rest of this application, please review your last two award dates to ensure eligibility. Grants awarded in May 2020 do not count towards this restriction.***
2. **Has the organization or the sponsoring organization's tax-exempt status changed and/or has the charitable solicitation license expired?**
* **If yes, please provide an explanation and a copy of the latest IRS determination letter.**
1. **Describe briefly the mission and outcomes of the organization and the population it serves. Please indicate the number and percentage of the total population served BY THE ORGANIZATION who are Chapel Hill-Carrboro residents. (Word limit: 450 words, single spaced)**
2. **Do you grant funds to other organizations? If yes, what organizations have you funded in the last two years?**
3. **Please describe what other organizations (if any) have similar missions that serve the Chapel Hill-Carrboro community and how you collaborate with them (if at all). (Word limit: 100 words, single spaced)**
4. **Describe briefly the qualitative and quantitative goals and projected outcomes of the specific project or purpose for which you are requesting funding. Please indicate the projected number and percentage of Chapel Hill-Carrboro residents who would be served BY THE GRANT FUNDS. (Word limit: 450 words, single spaced)**
5. **Please provide a budget that includes a statement of all prospective sources of income for the program or project for which you are applying for funds. If the organization administers programs or projects other than that for which it seeks Strowd Roses funding, please include a copy of the organization's overall operating budget.** *NOTE:**Any changes to the use of grant funds as stated in the proposal, or the timeline of spending down the funds within one year of receipt, must be reviewed and approved in advance by the board.*
6. **Which of the following *most closely* reflects the primary broad issue area addressed through your grant request: Animals, Arts and Culture, Education and Literacy, Environment, Health, Immigrants, Senior Services, Youth Services, or General Welfare?**

1. **Please list your board members.**

**Please send the completed application, with supplemental materials (no more than 2 pages), by the posted deadline to Caroline Pence, Program Officer, at** **caroline@strowdroses.org****. Please also complete the short Google form using this link: https://tinyurl.com/strowdgrantform**