

**REPEAT Grant Application**

**April 2020**

**PLEASE READ The Funding guidelines before completing this 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**:

**Date of this Application:**

**EIN:**

**Amount Requested**:

**Name of Contact Person**:

**Title of Contact Person**:

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

**City**:

**Zip Code**:

**E-mail Address**:

**Telephone Number**:

**Website**:

1. **Describe briefly the mission and outcomes of the organization and the population it serves. Please indicate the percentage of the total population served by the organization who are Chapel Hill-Carrboro residents.**
2. **Generally, how do you plan to use the funding, if awarded? For grants awarded during this grant cycle, funding will be unrestricted, so the plans you share are for informational purposes only.**
3. **Please provide a copy of the organization's overall operating budget.**

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.**