

Carolina Strawberry Festival Grant Program Application

Organization Name: _____ Tax ID: _____

Website: _____

Mailing Address: _____ Phone#: _____

Is your organization a registered 501c?

Mission Statement:

Executive Director/President/Chairperson

Name: _____ email: _____

Project Contact (if different from above):

Name of Project: _____

Funding Request Amount: _____

Maximum Grant Amount is \$2,500.00

Description of Project/Funding Request (in detail)

Explanation of Benefit to Organization or Community: