



Heritage Rose Foundation Grant Application

www.heritagerosefoundation.org

INTRODUCTION

Grants will be provided to projects that fulfill the mission of the Heritage Rose Foundation (HRF), which supports heritage roses through research, preservation and education. Our goals are to collect and preserve heritage roses and promote their culture, to establish one or more gardens where heritage roses may be grown and displayed, to conduct and contract to conduct investigations and research in heritage roses, to publish and disseminate information and research about heritage roses, to establish and maintain a library to facilitate investigations and research in heritage roses, and to foster public knowledge and appreciation of heritage roses and their preservation.

Funds cannot be provided to individuals. Organizations may include non-profits, community groups, public gardens, churches, cemeteries, educational organizations, etc.

While there are no minimums or maximums as to the amount awarded, the HRF reserves the right to issue partial grants if the submitted project is selected for funding. Applications are accepted on an ongoing basis. Funds must be expended within a calendar year. At the end of the project, you must submit a detailed accounting of how funds were expended. An article with photographs about the project must be submitted for inclusion in the HRF newsletter.

APPLICATION

Please attach additional pages if needed for questions 10-15

1. Name of Organization _____
2. Physical Address of Project _____
3. EIN of organization _____
4. Contact Person and Title _____
5. Phone No. _____
6. Email _____
7. Name of Project _____
8. Funds to be made payable to _____
9. Address to send funds _____

10. Purpose of this project. What will you be doing? How does it fit with the HRF mission/goals?

11. Grant Request Amount _____

a. What is your budget? How will our funds be used?

12. What is your implementation timeline?

13. Who will be involved in accomplishing this project? _____

14. How will you provide ongoing care and maintenance? _____

15. How will you recognize the HRF donation publicly? _____

APPROVAL

To be considered, each Grant Application MUST be reviewed, signed and dated by the organization's administrator AND the Grant Contact Person.

I have read this completed grant application in its entirety and assume responsibility for the expenditure of any funding received from the Heritage Rose Foundation. I understand that any funds not expended in a timely, appropriate manner must be returned.

Organization Administrator Name _____

Title _____ Date _____

Grant Contact Person Name _____

Title _____ Date _____