

ROSAMARY FOUNDATION APPLICATION FORM

The RosaMary Foundation operates under a trust agreement and, under the terms of the trust, is limited to the purpose of maintaining or aiding and assisting, through the medium of gifts, those organizations, whose principal interest is the support of educational, charitable, community improvement and literary purposes. Grants are made only to non-profit, tax exempt organizations and institutions. Petitioning organizations must be exempt under Section 501(c)3 of the Internal Revenue Code. No grants are made to individuals for any purpose. The Foundation does not purchase tickets nor does it participate in fund raising events such as galas, etc.

Primary consideration will be given to those organizations whose operations are conducted in the Greater New Orleans area.

Proposals are accepted and reviewed throughout the year. Interviews will be conducted only at the invitation of the Foundation. Decisions regarding grants will be made only at regularly scheduled meetings of the trustees which are usually held twice a year in the spring and fall. Deadlines for submitting proposals prior to the scheduled meetings are February 1 and September 1, respectively. Proposals must be submitted on-line or physically be in our possession on the deadline day, but the earlier we receive them, the more we can carefully review them.

GENERAL INSTRUCTIONS

- Please type and single space all proposals
- Please answer all of the questions in the order listed.
- Please use the headings, subheadings, and numbers provided.
- Please do not include any materials other than those specifically requested at this time.
- Please do not send videotapes, DVD's, or CD's.
- Please do not bind or staple your application.

Proposals should be sent to:

RosaMary Foundation
c/o Crescent Capital Advisors, LLC
1100 Poydras Street, Suite 1502
New Orleans, LA 70163
(Tel) 504-207-8555; (Fax) 504-207-8525

**ROSAMARY FOUNDATION
GRANT PROPOSAL SUMMARY SHEET**

Name and Address of Organization		Date Telephone
Names and Titles of Individuals Submitting Request	Email Address	United Way/ACA/Gov't. Support
Amount Requested \$	Total This Project/Program \$	Total Organizational Annual Budget \$
Brief title (One Sentence)		Dates of Project/Program
<p>Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.</p>		
Others being solicited for this project/program.	Amount Requested	Amount Received
Subject Focus (Program Area)	Group Served (refer to I.A.4. of Grant Proposal Format)	Type of Support Requested (i.e. Operating, Capital, Start-Up, etc.)
<p>_____ Signature of Board Chairman</p> <p>_____ Print Name</p>	<p>_____ Signature of Executive Officer</p> <p>_____ Print name</p>	
For Grantmaker Use		
Date Received	Proposal Identification Number	