

Residents of Old Wilmington

P.O. Box 1862
Wilmington, NC 28402

Grant Application

Organization Name: _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Tax Identification Number: _____

Yes

No

Are you a not-for-profit organization?

Are you a Government agency?

Has the organization/public agency received
a grant from ROW in the past 3 years?

Contact individual responsible for this project/program: _____

Phone: _____ Email address: _____

Provide a brief overview of your project/program (1-3 sentence summary):

Total amount requested from ROW: _____

