

# Sewickley Civic Garden Council Grant Form

## Overview

The purpose of this form is to give the Board of the Sewickley Civic Garden Council (SCGC) a uniform document to evaluate requests for grants.

## Process

All persons/groups must contact the president of SCGC and be placed on the agenda for either a November or May meeting, at which time the request for funding will be presented to the SCGC Board.

Requests will not be heard without the completed form and all applicable information attached. The completed grant form may be presented at the meeting.

## Deadlines and Notification

Requests will be accepted from September 15<sup>th</sup> through October 31<sup>st</sup> with notification no later than December 31<sup>st</sup> of that year and from February 1<sup>st</sup> through April 30<sup>th</sup> with notification coming no later than June 15<sup>th</sup> of that year.

Approval will come with a majority vote of the board.

## Exclusions

All requests must be for publicly accessible areas within the Quaker Valley School District

Requestors need not show 501c3 status, but must be non-profit in nature.

Projects must fall within the mission of the SCGC and must not be in conflict with its bylaws. If your organization is not clear as to whether or not your grant request is within the SCGC mission, contact us at [sewickleygardens@gmail.com](mailto:sewickleygardens@gmail.com) or write us at: PO Box 103, Sewickley, PA 15143.

SCGC will not provide sole funding of a project and each requesting group must show its own financial commitment to said project.

# Sewickley Civic Garden Council Grant Form

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose and scope of project: \_\_\_\_\_

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Specific request of SCGC: \_\_\_\_\_

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Requestor's contribution: \_\_\_\_\_

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Other sources of funding: \_\_\_\_\_

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Time table for the project: \_\_\_\_\_

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# Sewickley Civic Garden Council Grant Form

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Long-term support plan for the project: \_\_\_\_\_

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Persons involved with the project: (Names and phone numbers) \_\_\_\_\_

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Any additional information which may be relevant to the request: \_\_\_\_\_

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Drawings, renderings and estimates may be submitted with this form. Please make sure each attached page identifies the requestor.

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