



## Upstate Chapter SCNPS grant application:

We seek grant applicants with projects that align with our mission to preserve and restore native plants and educate communities in the Upstate. Applications will be evaluated in accordance with the eligibility guidelines as set forth in the Community Grants Program which may be found online at <https://scnps.org/UpstateGrants>)

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Texts Messages: \_\_\_Y/N

### Requesting funds for:

Project Name \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description, Goals, and Community Impact): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Additional Pages Attached

This Funding Will be Applied & Managed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected Project timeline (start/completion)

\_\_\_\_\_

\_\_\_\_\_

Brief description on how the project will be maintained after completion:

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List any individuals or entity that will require documented support of the project, if applicable:

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This application may be accompanied with a more detailed description of your project, including plans, maps or photos, in three pages or less, if you wish.

\_\_\_ Applicant has read, understands and agrees to comply with the terms of the SCNPS Upstate Community Grants statement at <https://scnps.org/UpstateGrants>).

Signature: \_\_\_\_\_

Submission Date: \_\_\_\_\_