



**CITY OF ROCHESTER
SOUTHEAST QUADRANT TEAM
PROJECT SUPPORT REQUEST**

Neighborhood/Organization Name: _____

Contact Name and Information (phone and e-mail required)

Contact Person Name: _____ Phone: _____

Contact Person Address: _____

Contact Person E-mail: _____

Project Name: _____

Project Location (address or specific location and neighborhood): _____

Total Project Cost \$ _____ **Total Financial Request \$** _____

Brief Project Description (attachments may be included)

Note: You must enter a description in this space even if using attachments

Additional Material Attached: Yes _____ No _____

Project Calendar (List all significant project dates from start to completion)

Activity Name	Estimated Date
1.	
2.	
3.	
4.	
5.	
6.	

Project Resource Support

Describe resource type (financial, volunteer and in-kind contributions) that you have secured for this project. Indicate the source and dollar value to volunteer and material contributions. For volunteer services, see attached volunteer calculator.

Sample Table:

Resource Type	Source	Amount/Calculation	Est. Value
<i>Volunteer Labor</i>	<i>XYZ Neighborhood Assoc.</i>	<i>25 Volunteers donating 4 hours each</i>	<i>\$1,200*</i>
<i>In-kind</i>	<i>123 Landscape Co.</i>	<i>10 yrds bulk mulch</i>	<i>\$300</i>
<i>Financial</i>	<i>RACF</i>	<i>Grant</i>	<i>\$500</i>
		<i>Total</i>	<i>\$2,000</i>

Resource Type	Source	Value

Project Community Support

Describe how community support has been secured for this project – what neighborhood associations, business associations, block clubs or other organizations are in support?

Office Use Only

SEQT Intake by: _____ Date: _____

SEQT Decision: _____ Init: _____

Date: _____