**Susquehanna Greenway Mini-Grant Application**

# **Applicant Checklist**

* Grant Application
* Budget
* Map of Project Location
* Before Photos of Project Location
* Letters of Support (optional)

**Important Dates**

|  |  |
| --- | --- |
| Grant Round 4 Opens | September 2, 2025 |
| Application Deadline | October 31, 2025 |
| Anticipated Award Announcement | December 2025 |
| Contract Period | January 1, 2026 – October 31, 2026 |
| Closeout Due | November 30, 2026 |

**Mini Grant Guideline Summary**

Please refer to the Grant Guidelines for more details.

**Eligible Applicants**

* Applicants must be a public entity or a registered 501(c)(3) nonprofit organization.
* Applicants can be in any of the 22 counties that contain the Susquehanna Greenway
* Projects must take place within the Susquehanna Greenway corridor ([See Map](https://susquehannagreenway.org/online-interactive-map/))
* Projects must acknowledge DCNR & SGP

**Eligible Project Types**

* Education & Outreach
* Wayfinding and Signage
* Parks, Land & Water Trails, and Active Transportation
* Temporary Placemaking

**Ineligible Grant Activities**

* Operations equipment
* Maintenance equipment
* Political activities
* Legal disputes
* Lobbying
* Fundraising activities
* Property easements
* Acquisition activities
* Food, drink or other hospitality items related to general promotion of the grantee organization, or not related to overnight travel expenses.

**Funding and Match**

* Grant Max = $10,000 per request
* Required Match = 1:1 composed of cash or non-cash match
* 80% of funding available at time of contract
* 20% of funding awarded upon completion and final reporting.

**Application Submittal Information:**

Please submit your application by online form at the following link:

<https://susquehannagreenway.org/mini-grant-program-application/>

If you are unable to submit your application online, please submit applications by email to **info@susquehannagreenway.org** or mail to:

Susquehanna Greenway Partnership

Attn: Grant Committee,

301 Market Street, Unit #649,

Lewisburg, PA 17837

**SGP Grant Contact**

[Info@susquehannagreenway.org](mailto:Info@susquehannagreenway.org)

570-478-0178

**PART I**

**APPLICANT INFORMATION:**

Organization (legal name):

Address:

City, Zip Code:

Phone:

County:

Type of entity: ☐ 501(c) 3 Non-Profit Organization

☐ Public Entity

If the applicant is a 501(c)3 nonprofit organization, are you currently registered in good standing with the IRS? ☐ Yes ☐ No

Is your organization registered with the PA Department of State; Bureau of Charitable Organizations? ☐ Yes ☐ No

To be eligible for this mini- grant, the applicant must be a public entity (such as a county, municipality, or municipal agency) or a registered nonprofit organization. If awarded, you will be asked to provide certification of the organization’s charitable status.

***Briefly describe your organization/entity and its mission & vision*:**

**GRANT CONTACT:**

Contact Name:

Title:

Email:

Phone:

**GRANT SIGNATORY:** (Person authorized to legally obligate the grantee.)

Grantee Signatory Name:

Job Title:

Email:

Organization (if different from above):

**PART II:**

**PROJECT DETAILS:**

Project Title:

Project Location *(Describe, or provide, the location of this project and include where it is located along the Susquehanna Greenway corridor)*:

Is your project located within the Susquehanna Greenway Corridor?

* Yes
* No

Expected Start Date:

Expected Completion Date:

Project Type:

* Education & Outreach
* Wayfinding and Signage
* Parks, Land & Water Trails, and Active Transportation
* Temporary Placemaking

**PART III**

**PROJECT NARRATIVE QUESTIONS:** **Please keep answers concise yest complete. Bulleted lists are OK.**

**Project Description & Scope:**

Please describe your project or program.

How does this project align with your mission & vision?

What are its goals/objectives and measurable outcomes?

Describe your project readiness and anticipated timeline for completion.

Describe how the results of the project or program will be sustained or maintained long-term.

Please include any additional information applicable to the project including equipment, materials, phasing, or other resources required.

**Project Alignment to the Susquehanna Greenway Vision:**

How does your project or program further the vision of the Susquehanna Greenway by building “a vibrant Greenway that weaves together communities, trails, and natural spaces, transforming the Susquehanna River corridor into a place where adventure beckons, connections deepen, and the river’s beauty inspires”?

[word limit: 500] See Grant Guidelines for assistance on how to answer this question.

**Partnership and Collaboration**:

Explain how this project demonstrates collaboration with other organizations, partners, or communities. Outline their involvement and how it enhances the viability of this project. Letters of Support may be included as attachments to the application. [word limit: 500]

**Green and Sustainable Practices**

Describe how your project will incorporate green and sustainable practices. Examples can be found here: [Green Community Parks](https://www.dcnr.pa.gov/Communities/GreenCommunityParks/Pages/default.aspx)

[word limit: 500] See Grant Guidelines for assistance on how to answer this question.

**Is your project on public land?**  Yes  No

\*If awarded, you will be required to submit a landowner agreement in writing as part of contracting if the property is on private lands.

Please explain your selection:

**Project Map:**

Please include a map showing the proposed project area. Please provide a legible map with areas clearly marked.

**Photos** (Implementation projects only)

Include at least 3 “before” photos of the project site taken from a location that can be repeated for “after” photos.

**Part IV**

**BUDGET SUMMARY:**

Please provide a summary of your total funding request and match below. A detailed budget utilizing the provided template should be completed and uploaded with your application.

Grant Amount Requested $

Cash Match $

Non-Cash (In-Kind) Match $

Projected Total Project Cost $

Please indicate whether your match is fully secured, partially secured, or pending.

☐ Fully Secured ☐ Partially Secured ☐ Pending

Please provide more details associated with your selection. Be sure to represent your match on the detailed budget template.

If your organization were only awarded a portion of the funds requested, would you be able to proceed with the Project with an adjusted scope of work and budget?

☐ Yes ☐ No

Elaborate as necessary.