

#### City of Glendale Community Services & Parks

# Application for Memorial Plaque Request on a Bench or Picnic Table Set

### **Applicant Information**

| Applicant information  |   |  |   |  |  |  |  |
|--|---|--|---|--|--|--|--|
| Organization Name:   |   | D  | Date:   |  |  |  |  |
| Applicant/ Contact Name:   |   |  |   |  |  |  |  |
| Address:   |   |  |   |  |  |  |  |
| Street Address   |   |  | Unit/ Suite #   |  |  |  |  |
| City   |   | State  | Zip Code  |  |  |  |  |
| Phone:   | E   | mail:  |   |  |  |  |  |
| Individual a   | nd Contribut  | ion to Glendale Comr   | munity  |  |  |  |  |
| According to City policy, "memorial plaque" repicnic table set placed in a City park in honor contribution to the Glendale community. It approved. This policy does not apply to play official his | r of <b>someone wh</b><br>nstallation of men<br>aques which may i | <mark>o has passed</mark> and who should<br>morial plaques commemorati | be <u>r<b>ecognized for a notable</b></u><br>ng living persons will <u>not</u> be |  |  |  |  |
| Please tell us who you wish to commemora   | ate on the mem  | orial plaque.  |   |  |  |  |  |
| Name of Individual:  |   |  |   |  |  |  |  |
| Has the individual passed away?  | Yes   | No (If no, the app   | lication will be denied.)   |  |  |  |  |
| How has the individual contributed to the  | Glendale comm   | unity? (Select all that apply  | )*:   |  |  |  |  |
| Service on the Glendale City Council   | , or a City of Gle  | ndale board, committee, o  | r commission; <b>or</b>   |  |  |  |  |
| A volunteer leadership or board role   | in:   |  |   |  |  |  |  |
| A service club or organization   | within the City;  | or   |   |  |  |  |  |
| A 501(c)(3) tax-exempt organi social well-being, or other acti   | •   | , ,  |   |  |  |  |  |
| An organization partnered wit  | th the Communi  | ty Services & Parks (CSP) Do   | epartment for   |  |  |  |  |
| implementation of its Commu  |   | nt Block Grant Social Servio   | ces, Homeless   |  |  |  |  |
| Services, or Senior Services pr  | J   |  |   |  |  |  |  |
|  |   |  | • · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
| Based on your selection above, please spec   | cify what Board,  | Commission, Service Club   | or Organization the individua   |  |  |  |  |

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<sup>\*</sup>Along with the application, a letter of support must be provided from the organization and/or group that the individual was involved with. If applicable, please include any photos, videos or website links as it relates to the individual's contribution to the community.



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#### **Details of Memorial Plaque**

Applicants will need to pay for the cost of purchase, installation and maintenance of the memorial plaque. The CSP Department will assume responsibility for maintaining the memorial plaque within a 15-year period, and will be assessed for replacement as needed\*\*.

Requesting memorial plaque on:

Bench

\$6,500.00

\*\*If a memorial plaque is vandalized to the point where it needs to be replaced, applicant must pay for replacement costs (purchase of new bench and/or picnic table set) or it will be removed from the location.

The content for the memorial plaques, including design, text font, verbiage, illustration or graphics, along with location and scope, is subject for review, recommendation, and approval by the Director of Community Services & Parks (CSP).

Review of memorial plaque requests requires at least one site meeting with CSP Director (or designee).

Accepted payment includes: cash, check, or credit card (+2.5% processing fee). Full payment will be collected upon approval of the request.

| FOR OFFICE USE ONLY        |             |          |         |                 |                            |   |  |  |
|----------------------------|-------------|----------|---------|-----------------|----------------------------|---|--|--|
| Date Application Received: | Staff:      |          |         | Date Site Vis   | Date Site Visit Completed: |   |  |  |
| Notes:                     |             |          |         |                 |                            | _ |  |  |
| Date Reviewed:             | _ Approved  | Declined | CSP Dir | ector Approval: |                            | _ |  |  |
| Payment Date:              | Payment by: | Cash     | Check   | Credit Card     | Payment \$                 | - |  |  |
| Additional Notes:          |             |          |         |                 |                            |   |  |  |
|                            |             |          |         |                 |                            |   |  |  |
|                            |             |          |         |                 |                            |   |  |  |
|                            |             |          |         |                 |                            |   |  |  |

Please email completed application and all related attachments to <a href="mailto:csp@glendaleca.gov">csp@glendaleca.gov</a>. For any questions regarding the memorial plaques, please call (818) 548-2000 or email <a href="mailto:csp@glendaleca.gov">csp@glendaleca.gov</a>.

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