

# PROJECT REQUEST

## EAST PORTLAND NEIGHBORS

1017 NE 117<sup>TH</sup> AVENUE  
PORTLAND, OR 97220  
OFFICE 503-823-4550  
epn@eastportland.org

### PROJECT INFORMATION

REQUESTING Organization \_\_\_\_\_

### PROJECT INFORMATION

*NAME of Project* \_\_\_\_\_

Estimated dollar budget \_\_\_\_\_

Estimated in-kind donations \_\_\_\_\_

Ongoing fund or  
Estimated project end date \_\_\_\_\_

### Project Goal

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### Project Description

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Project Manager \_\_\_\_\_  
(PRINT)

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
(Please print clearly)

**[Requesting Organization]**

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

Title: \_\_\_\_\_

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

**East Portland Neighbors**

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

Title: \_\_\_\_\_

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