2015 Neighborhood Safety Program Application

Workshop: January 22 | **Application Deadline:** February 9

(**Note:** One project location per application)

Contact Information

Neighborhood Association: _____ **Neighborhood Chair:**_____

Mailing Address: _____

Phone: _____E-mail: _____

Project Coordinator: _____

Mailing Address: _____

Phone: _____E-mail: _____

General Project Information

Project Name: _____ Project Location: _____

Project Estimate: $_____)

1. Please describe the safety problem or issue this project will address. (75–100 words) Please submit photo(s) with your application to illustrate the location and safey issue.

Technical Evaluation (0–100 points)

2. Please describe how this project will address this safety need with a viable and creative solution resulting in a lasting, positive community impact. (75–100 words)

Neighborhood Panel Evaluation (0–50 points, 10 bonus points)

Neighborhood and Community Benefit (0–25 points)

3. Describe how and who will benefit from the project including those located within a ½ mile of the project (e.g. school, hospital, retirement facility, hospital, park, bus stop). Please use additional sheet if necessary.

Neighborhood Association Support (0–10 points)

4. Priority Ranking for this Project (Priority 1 or 2)_____
   Please outline the process your neighborhood used to select and prioritize this project.

Project Readiness and Feasibility (0–15 points)

5. Did the Project Coordinator attend Neighborhood Safety Program Workshop? Yes____ No ____

6. Did City staff evaluate scope and ongoing maintenance of project? Yes____ No ____
   Please attach the **Project Scope** form that includes the project scope prepared by City staff.

7. Did City staff evaluate cost of project? Yes____ No ____
   Please attach the **Project Scope** form that includes a cost estimate of the project prepared by City staff.

Community Support (0–5 bonus points)

5. Does this project have (or need) community support? Yes____ No ____ Do not know ____
   If so, please demonstrate how you acquired that support.

Project Partnership Contributions (0–5 bonus points)

6. Will there be financial contributions or volunteer hours for this project? If so, please list below.

	Non-City Contributions		
Description	**Grant ($)**	**Donation ($)**	**Volunteer Hours (#)**
Total Partnership Contribution			

Please submit Neighborhood Safety Program Application to:

City of Kirkland
Kari Page, Neighborhood Outreach Coordinator
123 5th Avenue
Kirkland, WA 98033
For any questions or further information, please contact Kari Page at kpage@kirklandwa.gov or (425) 587-3011.