2015 Neighborhood Safety Program
Project Priority and Scope

(**Note:** Please list only one project and location)

Contact Information

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

Phone: _____E-mail: _____

Project Coordinator: _____

Phone: _____E-mail: _____

General Project Information

Project Location: _____

1. Please describe the safety problem or issue this project will address. (75–100 words) Please submit photo(s) with your Project Idea form.

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)

Please submit project idea 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.

For City Use

Project Scope

Date: _____ Staff:_____

Meets City Standards: Yes____ No ____

1. What will project entail?

2. Where will it be done?

3. How will it be implemented?

4. Describe ongoing maintenance and who is responsible (if applicable): City_____ Neighborhood Association _____