



Project Name

Organization

Contact name  Phone

Address

Email

Fiscal agent  
(if different from applicant)

Contact name  Phone

Address

Email

**Project Summary** (50 words or less)

North Portland Enhancement Grant funding request \$  If submitting more than one proposal,  
please rank this proposal in order of priority.

Total project cost \$

*We, the undersigned, attest that to the best of our knowledge the information in this application is true and that all signatories have authorization to submit this grant application to Metro's North Portland Enhancement Grant Program.*

**Applicant**      **Organization Name** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fiscal agent**      **Organization Name** \_\_\_\_\_  
(if needed)      **Printed Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_