

THE RIVERSIDE CHURCH ARCHIVES PROJECT PROPOSAL FORM

CONTACT INFORMATION:	
Name:	
Street Address:	
City, State, and Zip Code:	
Phone:	Email:
Institutional Affiliation:	
Riverside Department/Commission/Committee:	
Title/Position:	
Project Name:	
Executive Summary:	
PROJECT CONTENT:	
Project Goals:	
Project Scope:	





Other Required Resources/Equipment:	
Reporting Tools:	
Signature:	Date: