

TREE CITY USA

APPLICATION FOR RECERTIFICATION



Mail the completed application with requested attachments to the N.C. Forest Service no later than December 15, 2012, or submit your application online at arborday.org/treecity. The TREE CITY USA award is in recognition of work completed by the community during the calendar year. Please provide information for 2012.



COMMUNITY INFORMATION

Community Name (as it should appear on recognition materials): _____
Community Website: _____

Mayor or Equivalent

Name: _____
Professional Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

City Forestry Contact: Person who is responsible for completing and answering questions about this application.

Name: _____
Professional Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

STANDARD 1: TREE BOARD OR DEPARTMENT

Dates of Tree Board Meetings _____
(ex. 1-2-12, 2-2-12) _____

Chairperson If your city or town has a Tree Board, list your chairperson or head board member. If your city or town doesn't have a Tree Board, list your city department or manager.

Name: _____
Professional Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

Other Tree Board Members or Staff

Name: _____ Name _____

STANDARD 2: A COMMUNITY TREE ORDINANCE

Date Current Tree Ordinance was established: _____

NEW Applicants (required): Current ordinance is attached.

RECERTIFICATIONS: Our ordinance as last submitted is unchanged and still in effect.

Our ordinance has been changed. The new version is attached.

STANDARD 3: A COMMUNITY FORESTRY PROGRAM WITH AN ANNUAL BUDGET OF AT LEAST \$2 PER CAPITA

Community Population: _____

Tree Planting and Initial Care: \$ _____

Tree Maintenance: \$ _____

Tree Removals: \$ _____

Management: \$ _____

Utility Line Clearance: \$ _____

Volunteer Time: \$ _____

Other (please explain): _____ \$ _____

Total Community Forestry Expenditures: \$ _____

Please attach Budget Breakdown form and Annual Work Plan/Report form.

Trees Planted: _____ Trees Pruned: _____ Trees Removed: _____

STANDARD 4: ARBOR DAY OBSERVANCE AND PROCLAMATION

Date of Observation: _____

Please attach program of activities, photos, and/or news coverage. Attach Arbor Day Proclamation.

Mayor or Equivalent Signature Title Date

Certification

(To be completed by the State Urban Forestry Program Coordinator)

(Community)

The above named community has made formal application to this office. I am pleased to advise you that we reviewed the application and have concluded that, based on the information contained herein, said community is eligible to be recognized and designated as a Tree City USA, for the 2012 calendar year, having in my opinion met the four standards of achievement in urban forestry.

Signed _____ Date _____
State Urban Forestry Program Coordinator

Person in State Forester's Office who should receive recognition material:

Name: Nancy Stairs Address: 512 North Salisbury Street E-mail: nancy.stairs@ncagr.gov
Title: Urban Forestry Program Coordinator City, State, Zip: Raleigh, NC 27604
Agency: North Carolina Forest Service Phone #: (919) 857-4842