



# CITY OF TUCSON

## COALITION APPLICATION

### REGISTRATION RE-REGISTRATION OR CHANGE OF BOUNDARIES

WARD(S) NO.(S) \_\_\_\_\_

REGISTRATION DATE \_\_\_\_\_

APPLICATION FOR NEIGHBORHOOD GROUPS INTERESTED IN BEING REGISTERED AND SERVED AS A COALITION BY THE DEPARTMENT OF NEIGHBORHOOD RESOURCES, CITY OF TUCSON. **PLEASE SEE ATTACHED GUIDELINES ON HOW TO FORM A COALITION.**

COALITION NAME: \_\_\_\_\_

PROPOSED BOUNDARIES:      NORTH: \_\_\_\_\_  
   EAST: \_\_\_\_\_  
   WEST: \_\_\_\_\_  
   SOUTH: \_\_\_\_\_

(Attach a map)

PROPOSED COMPONENT NEIGHBORHOODS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification by the DNR office will qualify your coalition for DNR limited services and resources on a first come, first served basis. Certification is not intended or designed to qualify the applicant or its officers or members for membership, grants, standing, etc., with any other organization, agency or department. Satisfaction of other entities' requirements must be done independently of or in addition to the DNR certification process.

PLEASE SEE ATTACHED EX

APPLICATION FILED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_

BRIEF STATEMENT OF OBJECTIVES AND GOALS, CONCERNS AND INTEREST OF THE COALITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*By signing this application you affirm that you are duly authorized to speak/apply and act as contact on behalf of the applicant coalition group and affirm that you have read the attached (above-referenced) registration guidelines.

COMPLIANCE DATE: (DNR USE ONLY): \_\_\_\_\_