SECOND TIER AWARD CATEGORY SUBMISSION COVER FORM
(Required Form if you are choosing to submit for a 2nd Tier Award)

Association Name: _____

Organization Name, i.e. Crime Watch, (if applicable) _____

Association/Organization President Name: _____

Address: _____ _____ _____
Street City Zip Code

Home phone: _____ Email: _____

Please check the category for which you are submitting:

Best New Association _____

No Neighbor Left Behind Hurricane/Safety Plan _____

Most Improved Association _____

Best Crime Watch Organization _____

Best Neighborhood Communications _____

Most Attendance at City/State Conferences and Trainings _____

Adopt-A-Neighborhood _____

Most Healthy and Fit Neighborhood _____