



ND CARES COMMUNITY APPLICATION FORM

Name of city or county

Point of contact

Name	Phone Number	Email
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Address	City	Zip
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ND Cares minimum requirements:

1. A local steering committee has been formed. List names (at least three people):

2. City/county governing board's resolution of support has been approved (please attach copy).

3. City/county has planned the following event(s) to educate or honor Service Members, Veterans, Families, and Survivors (please attach copy).

4. ND Cares sign identifying the community as an ND Cares city must be installed on the ND DOT city name sign.

Signage request

a. Number of ND Cares signs to be installed:

b. Specify location of the city limit sign(s). If there is already a recognition/award sign on the city limit town sign you must determine which sign you want displayed – regulations allow only one.

Official signature

Please send completed application to ND Cares, PO Box 5511, Bismarck, ND 58506-5511.