

TREE CITY USA® APPLICATION

Select one: First Time Applicant OR Recertification



TREE CITY USA status is awarded for work completed by the community during the calendar year. Please contact your State Urban Forestry Coordinator for your state's deadline, mailing address and any additional information required by your state. The common deadline is December 31 but can vary by state. Completed applications with attachments can be mailed to your State Urban Forestry Coordinator. To apply online and for additional information, please visit portal.arboday.org.

Community Information

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

Community Website _____

Mayor or Equivalent

First Name _____ Last Name _____

Professional Title _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number (ex. 402-473-9553) _____ Fax Number _____

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

First Name _____ Last Name _____

Professional Title _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number (ex. 402-473-9553) _____ Fax Number _____

Standard ①: Tree Board or Department

Frequency of Tree Board Meetings: Weekly Bi weekly Monthly Quarterly Semiannually Annually

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.

First Name _____ Last Name _____

Professional Title _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number (ex. 402-473-9553) _____ Fax Number _____

Other Tree Board Members or Staff

First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

If additional Tree Board members are needed, please attach.

OVER

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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 _____	To review program standards and application resources, visit arborday.org/treecity .
Tree Planting and Initial Care	\$ _____
Tree Maintenance	\$ _____
Tree Removals	\$ _____
Management	\$ _____
Utility Line Clearance.....	\$ _____
Volunteer Time.....	\$ _____
Other (please explain) _____	\$ _____
Total Community Forestry Expenditures.....	\$ _____

Please attach Annual Work plan (if required by your state) and supporting budget documents.

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 _____
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Application Certification To Be Completed By The State Forester:

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 therein, said community is eligible to be certified as a Tree City USA community, having in my opinion met the four standards required for recognition.

State Forester Signature _____	Title _____	Date _____
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Mail completed application with requested attachments to your state forester no later than December 31 (unless your state has instituted a different deadline.)