



CANDIDATE COMMUNITY APPLICATION

PLEASE COMPLETE AND MAIL BACK

COMMUNITY, TOWN OR CITY _____

POPULATION _____

LEAD AGENCY _____

WHY WE WANT TO BE A CERTIFIED "CHILD FRIENDLY" COMMUNITY:

PLEDGE TO MATCH FUNDS _____

PARENT REPRESENTATIVE _____ **DATE** _____

EDUCATION REPRESENTATIVE _____ **DATE** _____

COMMUNITY REPRESENTATIVE _____ **DATE** _____

Mail or Fax to:

Excel by 5

109 Executive Drive, Suite 1

Madison, MS 39110

Fax: 601-707-7727

Phone: 601-707-7726