2020 BEAUTIFY A NEIGHBORHOOD (BAN) APPLICATION

Organization or Individual’s name: __________________________ Date: ________________

If an Organization, name of contact: _________________________ Phone: _______________

Address: ________________________________________________ Email: ________________

Date Preferred: ________________ Back-Up Date: ________________

(See dates listed below. Approved on first come basis.)

Reason for request: __________________________________________________________________

_________________________________________________________________________________

Will neighborhood residents assist? (Y/N) __________ Projected number: ______________

Area to be covered: __________________________________________________________________

_________________________________________________________________________________

**Please Note** The BAN program is designed to be a PARTNERSHIP between the City and its neighborhood organizations. By definition, this requires a degree of participation by the individuals living in the neighborhoods and the organization requesting a BAN date. Any scheduled BAN event WITHOUT participants from the neighborhood attending and participating in the clean-up will result in the event being cancelled.

Dates:

April 18th-20th  May 2nd-4th  May 16th-18th

May 30-June 1st  June 13th-15th  June 27th-29th  July 11th-13th

August 15th-17th  August 29th-31st  September 12th-14th  September 26th-28th

October 3rd-5th  * Strikethrough means the date has already been reserved by another group. *

If you have questions, contact Gus Dria at 330-438-4647. Completed applications can be mailed, faxed or emailed (gdria@cantonhealth.org).

After review of the application, the organization/individuals will be notified if approved or denied.

**Office use only**: Date Received: ____ Time noted: ______

Meet objective (y/n)  Approved(y/n)  Reviewed by:  Date Notified: ______

Reason for disapproval: ____________________________________________________________