



Meeting Location
3907 Ensor Ave
Columbia SC 29201
Email: ColumbiaCouncilofNeighborhoods.com

ANNUAL NEIGHBORHOOD CERTIFICATION FORM

PLEASE PRINT CLEARLY

Neighborhood Organization _____

Neighborhood Address _____

City _____

Zip Code _____

Neighborhood EIN (required to receive grant funding from CCN) _____

Neighborhood Boundaries (include streets/blocks) _____

What portion of your neighborhood lies within the city limits of Columbia (circle one)? All Mostly Less than Half

Please list the name, email, and phone numbers of current neighborhood organization officers:

President: _____

Email: _____

Phone: _____

Vice President: _____

Email: _____

Phone: _____

Secretary: _____

Email: _____

Phone: _____

Treasurer: _____

Email: _____

Phone: _____

REPRESENTATIVE APPOINTED TO ATTEND AND VOTE AT CCN MEETINGS (If other than president):

Representative: _____

Email: _____

Phone: _____

WHAT day/time does your Association meet: *(ex. First Mondays at 6 pm)*

WHERE are meetings held: _____

WHEN is the election of officers? *(Ex. Annual Mtg in May)* _____

Date Completed: _____

Submitted by: _____