



THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD 3
 59 East 4th Street - New York, NY 10003
 Phone (212) 533-5300
 www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

COMMUNITY GROUP SUBMISSION FORM

Community Board 3 maintains a list of Block Associations, Tenant Associations and other community organizations and maintains an online directory of such organizations as a general resource for the Board and community. In addition, this online directory may be referenced by, among others, film production companies and liquor license applicants that wish to contact impacted areas. Please see the CB 3 website for a discussion of Community Groups, website listings and recommended practices with respect to interactions between Community Groups and Applicants.

If you would like your organization to be included in the CB 3 online directory, please provide the following information to the best of your ability. **Note that items 1-4 will be prominently displayed on the CB 3 website, and that the entire form will be publicly available.** Please mail, fax or email completed form to Community Board 3 and attach an additional sheet if needed.

ANSWERS TO QUESTIONS 1 - 4 WILL BE PROMINENTLY DISPLAYED ON THE CB3 WEBSITE:

1. Name of Organization _____

2. What boundaries / geographic areas of Community Board 3 does your organization cover?
 (e.g., 6th Street between 1st Avenue and 2nd Avenue)

3. Current areas of concern (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Small Business / Retail Diversity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Development, Land Use and Housing | <input type="checkbox"/> Community Emergency Response and Preparedness |
| <input type="checkbox"/> Block Improvement and Streetscape | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Nightlife / Liquor Licenses | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Preservation | <input type="checkbox"/> Youth and Education |
| <input type="checkbox"/> Other: _____ | |

4. Primary Contact and Preferred Method(s) of Contact:

1. Name and Title _____

2. Mailing Address _____

3. Phone Number _____

4. Email Address _____

Secondary Contact and Preferred Method(s) of Contact:

1. Name and Title _____

2. Mailing Address _____

3. Phone Number _____

4. Email Address _____

QUESTIONS 5 – 12 ARE OPTIONAL. ALL ANSWERS WILL BE PUBLICLY AVAILABLE.

5. This organization considers itself a (select all that apply):

- Block Association
- Merchant Association
- Tenant / Resident Association
- Political Club
- Advocacy Group
- Other _____

6. Mission/purpose of organization: _____

7. What are your organization's activities / primary functions? _____

8. Is there a governing body (e.g. Board and Officers)? _____

9. How is the leadership determined (circle): Elections Volunteer Other: _____

10. How often does the organization meet? _____

11. How do you notify people of meetings (i.e. outreach strategy)? _____

12. What are the qualifications or criteria for membership, if any? _____

Signature, Title

Date