

CERTIFIED CITY OF KINDNESS APPLICATION FORM

City Information:

City Name: _____
City Hall Address: _____
Mayor's Name: _____
Mayor's Contact Information: Phone _____ Email _____

City Liaison:

This is the person who will be heading up the kindness initiative and will be the point of contact with our organization

Full Name _____
Title/Position _____ Phone _____ Email _____

City Background:

Number of City Employees: _____
Number of Schools in City: _____

What are the key challenges your city currently faces? (e.g., academic, social, economic)

Has your city implemented any community service or kindness programs in the past?

- Yes
 No

If yes, please describe the program and its outcomes: _____

Does your city have social media?

- Yes
 No

If yes, who oversees it? Full Name _____
Phone _____ Email _____

Required:

- City Resolution
- Employee Participation in surveys and signing the Pledge of Kindness
- Consistency - year long program
- Liaison Appointed

Plans and Goals:

With the help of this document, which kindness initiatives are you planning on implementing in your city? (min. of six)
Please describe how you will execute each on in detail. **Reminder that you are not bound to these ideas and encourage you to come up with new and creative ways to incentivize kindness in your city.**

Kindness Ideas.docx

1. _____

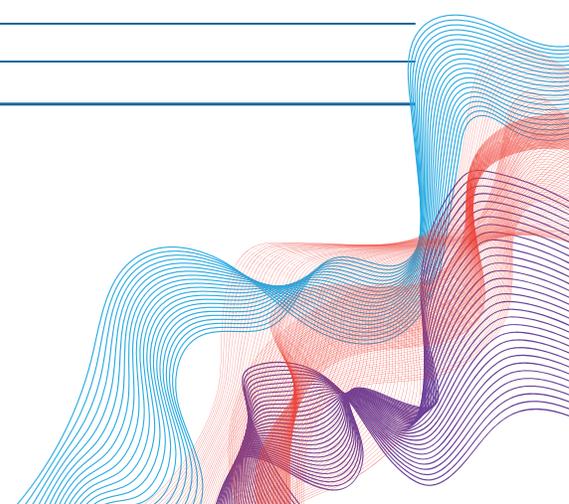
2. _____

3. _____

4. _____

5. _____

6. _____

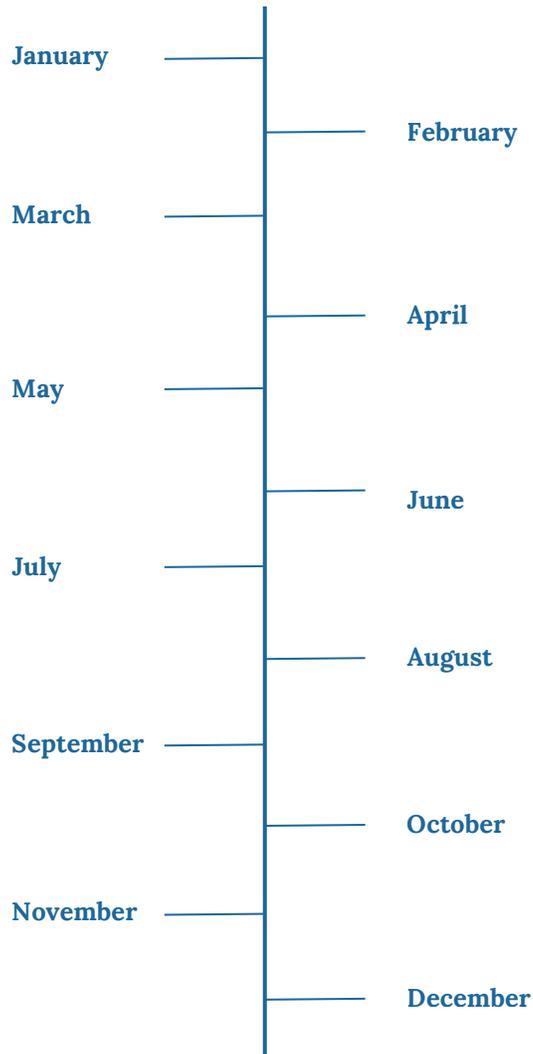


Timeline:

To help you get a head start on the planning process and get your plans lined out, please fill out this timeline
Include the following important dates:

- Timeline for 6 initiatives
- City Resolution being passed.
- Employee Survey being sent out (both pre and post survey)
- Certification Ceremony

2026



Please provide any additional information or comments as needed:

Authorization and Signature:

Mayor's Signature

Date

