Nominating Entity Information:

Name		0	
		Contact Person	
P.O. Box 490	Gainesvil:	le 32602	
Address	C	City/Town Zip	
(352) 334–5010	(352) 334–31	19 citymgr@ci.gainesville.fl.u	
Phone	Fax	E-Mail	
59-6000325	5	1869	
Federal Employer ID#	# of members	Date Organization was Established	
Para M. Roberton		Mayor	
Authorized Signature	111 - 341	Title	
Paulo M. Dalanau			
Paula M. Delaney Printed Name		Date	
Nominating Entity Information BCN Associates, Inc.)11.	Mortlake Nembhard, Vice-President	
Name		Contact Person	
408 W. University Ave	, Suite 604	Gainesville 32601	
Address		ity/Town Zip	
(352) 334–4088	(352) 377-52	242 rachel@bcnassociates.com	
Phone	Fax	E-Mail	
_59-3390065	8	9–1–96	
Federal Employer ID#	# of members	Date Organization was Established	
+ Classic	2/	President	
Authorized Signature		Title	
Rachel Bishop-Cook		6/12/00	
Printed Name	***************************************	Date	

Nominating Entity Information:

United Gainesville Co	mmunity Develo	pment Co	rporation	Appie Graham	
Name			Contact Person		
505 NW 2nd Avenue	Gaines	Gainesville		32653	
Address	C	City/Town		Zip	
(352) 376-8891	(352) 376–33	89	agraham@	igcdc.org	
Phone	Fax	Fax		E-Mail	
59-2221464	150		2-6-81		
Federal Employer ID #	# of members		Date Organization was Established		
		Exec	cutive Direc	ctor	
Authorized Signature		Title			
Appie L. Graham					
Printed Name		Date			
Nominating Entity Informat	tion:				
Black on Black Crime Task Force			Rosa Williams		
Name			Contact Person		
P.O.Box 2607	Gaine	sville	32602-2607		
Address	C	City/Town		Zip	
(352) 955–5958	N/A		4. Se	N/A	
Phone	Fax		E-Mail		
59-3369794	100	100		January 1985	
Federal Employer ID #	# of members		Date Organiz	zation was Established	
		Pre		sident	
Authorized Signature	Title				
Rosa Williams					
Printed Name		Date			

Attachments:

Attach Articles of Incorporation for each organization or coalition member, under Tab "A", as Attachment "1".