

RED STAR CITY DESIGNATION APPLICATION

Red Star Foundation
600 Cleveland St., Suite 356-C
Clearwater, FL 33755
www.RedStarFoundation.org
admin@RedStarFoundation.org
(727) 977-6161

SECTION 1: CITY INFORMATION

- **City Name:** _____
- **State:** _____
- **Mayor's Name:** _____
- **City Manager (if applicable):** _____
- **City Council Members:** (Attach an additional list if needed)
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- **Primary Contact Person:** _____
- **Title:** _____
- **Phone Number:** _____
- **Email Address:** _____

SECTION 2: COMMITMENT TO THE RED STAR CITY PROGRAM

By applying for Red Star City designation, the City of _____ commits to:

1. **Passing a resolution** recognizing the city as a **Red Star City** (Template provided).

2. **Raising awareness** about military, veteran, and first responder suicide through city-sponsored or community-led initiatives.
3. **Honoring Red Star Families** through events, memorials, or recognition ceremonies.
4. **Supporting suicide prevention efforts** in partnership with the **Red Star Foundation** and local organizations.

SECTION 3: IMPLEMENTATION PLANS

1. Will the city pass a formal resolution recognizing itself as a Red Star City?

- ☐ Yes (Attach copy or expected date of passage)
- ☐ No (Please explain)

2. How will the city recognize and support Red Star Families?

(Examples: proclamation, flag display, awareness event, etc.)

3. Will the city host or support awareness events for military, veteran, and first responder suicide prevention?

- ☐ Yes (Please attach a description of planned activities)
- ☐ No

4. Will the city provide or promote support resources for Red Star Families?

- ☐ Yes (Examples: peer support groups, mental health resources, local partnerships)
- ☐ No

5. What physical displays will the city have to honor Red Star Families?

(Examples: plaques, memorials, banners, designated spaces, etc.)

- ☐ Plaques (Describe location and design, if known)
- ☐ Memorial (Describe planned site and dedication date, if applicable)
- ☐ Banners or Flags (Describe placement and duration)
- ☐ Other (Please specify) _____.

6. Administration fee of \$1000.00 is:

☐ Enclosed

☐ Will be paid at a later date

SECTION 4: AUTHORIZATION

By signing below, the City of _____ affirms its commitment to becoming a **Red Star City** and upholding the principles of the program.

Mayor's Name: _____

Mayor's Signature: _____

Date: _____

City Manager's Name (if applicable): _____

City Manager's Signature: _____

Date: _____

SUBMIT APPLICATION TO:

Red Star Foundation
600 Cleveland St., Suite 356-C
Clearwater, FL 33755

OR BY EMAIL TO:

admin@RedStarFoundation.org

RED STAR CITY RESOLUTION TEMPLATE

CITY OF CLEARWATER

OFFICE OF THE MAYOR & CITY COUNCIL

A RESOLUTION DESIGNATING CLEARWATER AS A “RED STAR CITY” TO RECOGNIZE AND SUPPORT FAMILIES OF MILITARY SERVICE MEMBERS, VETERANS, AND FIRST RESPONDERS LOST TO SUICIDE.

WHEREAS, the mental health crisis among military personnel, veterans, and first responders has reached epidemic proportions, with approximately 500 active-duty service members, 8,000 veterans, and 500 first responders dying by suicide each year; and

WHEREAS, these fallen heroes leave behind grieving families, known as Red Star Families, who carry the burden of loss while striving to honor their loved ones' service and sacrifice; and

WHEREAS, the City of CLEARWATER recognizes the sacrifices made not only by those who served in uniform but also by their families, who endure the lasting impact of their loss; and

WHEREAS, the City of CLEARWATER stands committed to raising awareness, providing support, and fostering a community of remembrance, healing, and advocacy to combat military, veteran, and first responder suicide; and

WHEREAS, in partnership with the Red Star Foundation, the City of CLEARWATER pledges to recognize March 21st as Red Star Family Day, honor Red Star Families, and promote suicide awareness and prevention efforts;

NOW, THEREFORE, BE IT RESOLVED, that the City of CLEARWATER hereby proclaims itself a Red Star City, demonstrating its commitment to supporting Red Star Families, advocating for suicide prevention, and ensuring that the sacrifices of our heroes and their families are never forgotten.

IN WITNESS WHEREOF, this resolution is duly adopted by the City Council of CLEARWATER on this [DATE].

SIGNED:

[Mayor's Name]

[City Council Members]