

**NOMINATION FORM
COMMUNITY HEALTH PROMOTION RECOGNITION
NEBRASKA STATE BOARD OF HEALTH**

Program Title:

Where Program is Conducted:

Sponsoring Entity:

Program Contact Person:

Organization:

Address:

City, State, ZIP:

Telephone: _____ FAX:

Email:

Person Submitting Nomination:

Organization:

Address:

City, State, ZIP:

Telephone: _____ FAX:

Email:

Nominations are accepted on a continuous basis.

Submit nominations to: State Board of Health
DHHS Division of Public Health / Licensure Unit/RPQI
P.O. Box 95007
Lincoln, NE 68509-5007
Phone: (402) 471-6515, FAX: (402) 471-0383

Please briefly describe your program below, and then complete the attached questions.

Please answer the following questions to assist the State Board of Health in reviewing your nomination. Materials that support the nomination, such as news clippings, brochures, etc., may be attached.

1. What community need(s) is being addressed by this program?
2. What methods are used to carry out the program/initiative?
3. Has the program collaborated with other public or private agencies in the planning, implementation or evaluation of this program? If so, please list the collaborating agencies and describe how this relationship has benefited the program and program recipients.
4. Please supply any data or other evidence which documents the effectiveness of the program and the benefits received by the community as a result of the program/initiative.
5. How is this program/initiative funded? Please describe staff and volunteer commitment to the program.
6. Please describe how this program/initiative is unique and creative in its approach.