

2019 TPHA Visionary Award Nomination Form

Name of person submitting nomination _____

Email and telephone of person submitting nomination _____

Name of nominee _____ Email of nominee _____

Address of nominee _____ Telephone of nominee _____

What outstanding action has the nominee taken to improve the health of their local community?
Please describe the program/project/or policy and specific details:

Was there any funding for this program/project/policy implementation? If yes, please list funding total, source, and use:

Is this program/project/or policy completed, on-going, or in progress?

How will the program, project, or policy be sustained?

How has this program, project, or policy positively affected the health of the community?
Please explain how it contributes to increased good health and disease prevention efforts:

Please submit nomination to raillings@warrenschoools.com by **Noon Central March 6th**. Nominations can be hand-written, scanned, and sent by email or typed and emailed. One additional handwritten or typed page can be attached if needed to answer these questions. One attachment (maximum 5 pages) can be included.