

WSALPHO
AWARD FOR EXCELLENCE IN PUBLIC HEALTH
2010 NOMINATION FORM

Purpose: To provide recognition for worthy contributions to the health of our communities, reflecting the core functions of public health and the spirit of the Public Health Improvement Partnership (PHIP).

NOMINEE:

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CATEGORY:

(Please check one)

- Local public health agency award for work specifically related to core functions and PHIP.
- Local public health agency award for innovative and effective programs.
- Local and state public health agency award for work that represents a significant contribution to public health.
- Community contribution award for individuals or organizations outside of public health making a significant contribution to the health of a community's or the entire state's residents.

NOMINEE'S CONTRIBUTION TO PUBLIC HEALTH:

Please describe the nominee's accomplishments and the significance of their contributions to public health and the health of their community or state (**500 words**).

NOMINATED BY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

E-MAIL:

PLEASE RETURN THIS FORM TO:

WSALPHO
206 Tenth Avenue SE
Olympia, WA 98501
FAX: 360-753-2842
lpowell@wacounties.org

DEADLINE: September 8, 2010

(Nominations postmarked after that date will not be considered.)