



4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321

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## Cardiovascular Health Promotion Application for Recognition

Group or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Category: (check one)

\_\_\_\_\_ School

\_\_\_\_\_ Workplace

\_\_\_\_\_ Community

### Items included with this application:

\_\_\_\_\_ Completed application form

\_\_\_\_\_ Typed description of program

\_\_\_\_\_ Supporting documents

### How long has your organization had this program?

\_\_\_\_\_ Less than a year

\_\_\_\_\_ 1-2 years

\_\_\_\_\_ More than 2 years

### How did you hear about this program?

\_\_\_\_\_ Newspaper

\_\_\_\_\_ EHHD Website

\_\_\_\_\_ Brochure from Town Hall or School

\_\_\_\_\_ Other

### Guidelines for entry:

1. Eligible schools, workplaces or community groups must be in the geographic area served by the EHHD.
2. Only one application per group/organization will be accepted. In the event of multiple submissions, the first one received will be the only one considered for review.
3. Only complete applications will be considered. A complete application consists of: an application form, a typed description of your program of 500 words or less (to include the purpose of your program, group served, results or impact, and what makes your program special), and no more than 4 supporting documents (pictures, letters of support, graphics of results, etc.).
4. Deadline for submitting an application is **October 30**. Mail, fax, or hand deliver to the **Health Education Program** at EHHD.
5. Areas of evaluation will include: innovation, effective approach in addressing one (or more) risk factors, participation in program, desired goals met, and the ability to use the program as a model for others.