



The 2010 Eagle Award for Improving Health in North Carolina Communities

Criteria:

This award will be presented to an individual, a profit or not-for-profit organization and/or employer who demonstrates compelling vision, leadership and excellence in their commitment to improve health outcomes in North Carolina communities.

Nomination Process:

To submit a nomination form, please e-mail info@ncahc.org to obtain an electronic version, complete in full and re-submit to info@ncahc.org.

You may also submit the attached form to nominate the individual, organization or employer of your choice.

If you would rather fax your nomination, please fax it to Amy Clapp at (336)698-0703.

Nomination Deadline:

All Nominations must be submitted by September 20th, 2010 for the 2010 calendar year. The winner will be announced at the October 2010 NCAHC fall meeting at the Grandover Resort and Conference Center, Greensboro, North Carolina.

Award Selection:

A committee of individuals comprised of the members of the North Carolina Alliance for Healthy Communities will review all applications and decide by a consensus process the winner from the nominations received.



Award Nomination Form

Review of Criteria: The Eagle Award will be awarded to an individual, a profit or not-for-profit organization and/or employer who demonstrates compelling vision, leadership and excellence in their commitment to improve health outcomes in North Carolina communities.

1. Your Name: _____

2. Organization/Title: _____ Phone Number: _____

3. Individual, Organization and/or Corporation Nominated:

4. Address: _____ City, State, Zip: _____

5. Individual to Contact and their Phone Number and E-Mail:

6. State the goal or mission of this individual, organization and/or corporation: _____

7. Describe the scope of the project(s) undertaken by this individual, organization and/or corporation to improve health outcomes in North Carolina communities:

8. Specifically document the improvement in health outcomes achieved by this individual, organization and/or employer in North Carolina communities.

9. How does this individual, organization and/or employer demonstrate compelling vision, exceptional leadership and excellence in their impact on community health in North Carolina?

Thank you for taking the time to complete this nomination form. Please email or fax to www.ncahc.org or (336) 698-0703 by September 20, 2010