**NOMINATION FOR**

**MALPH/MPHA JOINT AWARDS**

**This is a Word file that can be opened in Word, completed on screen, saved, and e-mailed.** Please complete the form, including supporting documentation and return it to Jodie Shaver via fax at 517-485-6412 or via e-mail to [jshaver@malph.org](mailto:jshaver@malph.org) by ***Wednesday, September 12, 2018.***

***Public Health Community Achievement Award***

**NOTE: Please provide the organization’s contact person’s name and their contact information.**

Organization’s name:

Contact Person and Information:

Basis for Nomination - Use additional sheets and/or supporting documentation if necessary:

*Include in your nomination how this Michigan agency, institution, organization, or foundation has impacted the health status of the Michigan’s residents either through financial contributions to public health efforts, significant improvement of public health in Michigan, exceptional innovation or service, innovative program development, research, or other significant support of public health endeavors*

***Contact name and e-mail*** of individual or group submitting this nomination form:

Thank you.