



## **The 2007 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](mailto:info@ncahc.org) to obtain an electronic version, complete in full and re-submit to [info@ncahc.org](mailto:info@ncahc.org).

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

Send to NCAHC Eagle Award, PO Box 4293, Greensboro, North Carolina 27404

### **Nomination Deadline:**

All Nominations must be submitted by September 10<sup>th</sup>, 2007 for the 2007 calendar year. The winner will be announced at the October 4<sup>th</sup> NCAHC fall meeting at the Hilton Hotel, RDU, 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 mail to  
The North Carolina Alliance for Healthy Communities  
PO Box 4293, Greensboro, North Carolina 27404 by September 10<sup>th</sup>, 2007.*