



INTERNATIONAL HEALTH PROMOTION AWARDS

COMMUNITY AWARD APPLICATION

INSTRUCTIONS:

To create an application please enter your contact information and follow the instructions. Fields with an asterisk (*) are required fields.

Once your application is created you may save your work, log off, and return to the application at a later time. Your application will remain open for editing until you have agreed to the Consent Terms and clicked "Finished."

SECTION I: APPLICANT CONTACT INFORMATION

First Name*

Last Name*

Credentials

Title*

Organization Name*

Organization Address 1*

Organization Address 2

City*

State/Province*

Zip/Postal Code*

Country*

Phone

Fax

Email*

Password*

Confirm Password*

Please select the category that best describes your organization:

- Not-for-profit organization
- Non-governmental organization
- Government agency
- For profit company



SECTION II: PROGRAM DESCRIPTION

Please complete the following questions. Questions with an asterisk (*) are required.

1. Health Program Title*: (limit 75 characters)
2. Has your program been implemented for a minimum of 12 consecutive months?*
3. Does your program currently have enrolled members?* Yes/No
4. Briefly describe your health promotion program. Please include a statement of the problem that the health program aims to solve and how the program addresses this problem. This summary may be used to feature your program on the International Health Promotion Awards Website.* (1500 character maximum)

SECTION III: AWARDS CRITERIA

Please respond to all questions; questions with an asterisk (*) are required. A successful application does not require that your health promotion program meet all criteria. If a question is not applicable to your program enter "n/a" in that field.

Relevant:

1. Describe the population that your program targets.* (1500 character maximum)
2. Why was this population important for your program to target?* (1500 character maximum)

Positive Impact:

3. Describe the impact that your program has made on the community.* (1500 character maximum)
4. Detail how the impact of the program was assessed.* (1500 character maximum)

Inclusive:

5. Provide an estimate of the number of individuals eligible for the program and the number of individuals served by the program.* (250 character maximum)
6. Detail how your program engaged the targeted population.* (1500 character maximum)

Sustainable:

7. How does the design of the program promote the program's positive impact over time?* (1500 character maximum)
8. List the steps that are planned to assure that the program will continue to meet its goals and grow. (1500 character maximum)



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Replicable:

9. Discuss the extent to which your program could be implemented globally in other communities and settings.* (1500 character maximum)
10. Provide a cost estimate of the program (for example, cost per person).* (250 character maximum)

Innovative:

11. Describe any other factors that make your program unique.* (1500 character maximum)

Uploads:

Please upload additional materials that further describe your program. If your materials are not available electronically and you would like to provide additional material, please contact us to make arrangements to receive the documentation. Supplying of additional material is not required but is strongly encouraged. (Limit total file size up to 5 MB for all documents combined)

12. To support your application, please upload any relevant visuals, pictures, charts, or other media.
13. If available, please upload your organization's logo (to be used on the program website).

SECTION IV: ORGANIZATION INFORMATION

Lead Organization:

Please provide the following information about the organization that implemented the health promotion program and the organizational resources used for this program.

1. Brief description of organization:* (1500 character maximum)
2. Total number organizational paid staff:*
3. Number paid staff working on program:*
4. Total number of organizational volunteers:*
5. Number volunteers working on program:*
6. Total number of organization operating sites:*
7. Number of organizational sites implementing program:*
8. Approximate total annual organizational operating budget:*



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Partner Organizations (if applicable):

If you worked with one or more partner organizations, please name and describe them here.

Head of Organization Contact Information (If different from Applicant Contact)

First Name, Last Name, and Credentials

Title

Organization Name

Address

City

State/Province

Zip/Postal Code

Country

Phone

Fax

Email

Public Relations/Media Contact Information (If different from above)

First Name

Last Name

Title

Organization Name

Address

City

State/Province

Zip/Postal Code

Country

Phone

Email



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CONSENT:

I have the right to submit this entry on behalf of my organization, and the information contained herein is accurate and truthful. I hereby grant URAC and the Care Continuum Alliance permission to use and disseminate the information contained herein this entry to promote the International Health Promotion Awards program.

By submitting your nomination you agree that you have read and agree to be subject to the legal disclosures below, and you hereby consent to receive an automatic response email confirming your nomination has been received.

I Agree *

LEGAL DISCLOSURES:

NOTIFICATION AND RECOGNITION

URAC and the Care Continuum Alliance plan to notify the finalists of the International Health Promotion Awards in November 2011 and invite them to attend the International Health Promotion Awards Symposium scheduled for December 5-6, 2011 in Rome, Italy (finalists may be asked to arrive in advance to participate in filming and other marketing activities related to the symposium) to receive their recognition in person during an awards ceremony. URAC and the Care Continuum Alliance will cover hotel, travel and conference registration for one representative from each award finalist.

All award finalists will be required to sign an agreement granting URAC and the Care Continuum Alliance the right without obligation, unless prohibited by law, to use the contents of your application, your name, voice, picture and likeness, without compensation, for the purpose of advertising and publicizing all matters related to the Awards Program in any medium as well as other release documents as provided for below.



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PUBLICATION

Award winners and any applicant to be featured online may be required to sign an affidavit verifying their eligibility for this Awards Program including, but not limited to, liability releases, and except where prohibited by law, use of name and likeness releases and other materials as may be required by URAC and the Care Continuum Alliance ("Release Documents") and return such documents within seven (7) days of issuance of notification. Execution of the Release Documents will grant URAC and the Care Continuum Alliance the right, unless prohibited by law, to use the names, voices, likenesses, and any of the material provided by the applicant without compensation, for the purpose of advertising and publicizing the services of URAC and the Care Continuum Alliance, including all matters related to the Awards Program in any medium.

GENERAL

URAC and the Care Continuum Alliance reserve the right in their sole discretion to disqualify any individual who tampers with the entry process and to cancel, terminate, modify or suspend the Awards Program. URAC and the Care Continuum Alliance assume no responsibility for any error, omissions, interruption, deletion, defect or delay in operation with transmission, communications, line failure, theft or destruction or unauthorized access to or allegation of submissions. URAC and the Care Continuum Alliance are not responsible for any problem or technical malfunction of any telephone network or lines, computer online systems, servers, equipment or software, failure of any email or entry to be received on account of technical problems or traffic congestion on the Internet or at any website, phone lines, or any combination thereof, including any injury or damage to a participant's computer related to or resulting from participation in this Contest. **CAUTION: ANY ATTEMPT BY AN APPLICANT OR OTHERS TO DELIBERATELY DAMAGE ANY WEBSITE OR UNDERMINE THE LEGITIMATE OPERATION OF THE AWARDS PROGRAM IS A VIOLATION OF CRIMINAL AND CIVIL LAWS AND SHOULD SUCH AN ATTEMPT BE MADE, URAC and THE CARE CONTINUUM ALLIANCE RESERVE THE RIGHT TO SEEK DAMAGES TO THE FULLEST EXTENT PERMITTED BY LAW.**

URAC and the Care Continuum Alliance are not responsible for any late, lost, garbled, misdirected, incomplete, or damaged entries; any disruptions, injuries, losses or damages caused by events beyond the control of Sponsors; or any printing or typographical errors in any materials associated with the Awards Program. The Awards Program Entities are not in any way responsible or liable for the use of the funds donated or for any damage, loss or injury (including death) resulting from participation in the Awards Program and/or acceptance and use of any awards won.