



FMAA
FLORIDA MEDICAL ASSOCIATION ALLIANCE

**FMA ALLIANCE AWARDS OF
EXCELLENCE**
*Application for Community
Service Award*

Please circle one project category per entry.

1. Best Health Information Program
2. Best Community Education Program
3. Best Youth Oriented Program
4. Best Adult Oriented Program

Alliance:
of Members:
County President and Email:
Address:
Email/Phone Contact Person:
Project Name:
Project Chair:
How many volunteers participated?
Do you know how many people directly benefited from this program?

Describe how the project was chosen (member request, community or organization request?)

Describe the planning details, include process for determining the needs of the community and reason why needed.

Describe the impact of the project on the community (was the project well-received? Will you do this project again? Is the project needed on a continuous basis or did you "solve" a problem in your community?)

Submission via email preferred: myinfo@fmaa.org

Or mail to: Elaine Hale, 1136 Gatlin Avenue, Orlando, FL 32806