



FMA ALLIANCE AWARDS OF EXCELLENCE Application for Community Service Award

Please circle one project category.

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

Alliance Name _____

Number of Members _____

County President _____

Address _____

City/State/Zip _____

Phone # _____

Project Name _____

Project Chair _____

How Many Volunteers Participated? _____

How Many People Benefited From This Program? _____

How Much Money And Time Was Donated? _____

Describe How The Project Was Chosen (Member Request, Community or Organization Request, How Need For Project Was Obtained) _____

Describe The Planning Details (Including Contacts; Research of Needs in Community; Reasons Needed) _____

Describe The Impact of The Project on The Community (How Well Was The Project Received, Will You Repeat or Continue This Project, Is The Project Needed on a Continuing Basis And Did You "Solve" a Problem in Your Community) _____

