



## FMA ALLIANCE AWARDS OF EXCELLENCE Application for County Fund-Raiser

Please note this award will NOT be dependent on the greatest dollar amount raised.

Alliance Name \_\_\_\_\_

Number of Members \_\_\_\_\_

County President \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Project Name \_\_\_\_\_

Project Chair \_\_\_\_\_

How Many Volunteers Participated? \_\_\_\_\_

How Much Time Was Given to The Project? \_\_\_\_\_

How Many People Benefited From This Program? \_\_\_\_\_

How Much Money Was Raised? \_\_\_\_\_

How Was The Money Used or Distributed to The Community? \_\_\_\_\_

Who Benefited? \_\_\_\_\_

Describe The Fund-raiser \_\_\_\_\_

\_\_\_\_\_

Describe The Impact of The Project on The Community (How Much "Community" Involvement Did You Have; Did You Include The Community or Just Medical Families And Friends) \_\_\_\_\_

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