2017 RWJF-NRPA Award for Health Equity

Nominee Information

1. Nominee Name *
2. Title *
3. Company/Agency *
4. Phone Number *
5. Street Address (UPS delivery) *
6. City / State / Zip *

7. Email *
8. NRPA Membership Number
Nominator Information
9. Submitted By (Contact) *
10. Title *
11. Agency *
12. Phone Number *
13. Street Address (UPS delivery) *

17. Describe the candidate's specific contributions to achieving health equity through a systems change approach, and why he/she is worthy of national recognition. (300 word maximum)*	14. City / State / Zip *
Page Four 17. Describe the candidate's specific contributions to achieving health equity through a systems change approach, and why he/she is worthy of national recognition. (300 word maximum)*	
17. Describe the candidate's specific contributions to achieving health equity through a systems change approach, and why he/she is worthy of national recognition. (300 word maximum)*	· · · · · · · · · · · · · · · · · · ·
through a systems change approach, and why he/she is worthy of national recognition. (300 word maximum)*	Page Four
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18. Describe how the nominee and this approach positively impacted the health and well-being of the community. Include specific evidence, if any. (300 word maximum)*
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19. Describe how the nominee strengthened collaborations with other community leaders representing various stakeholders. Include how the community was engaged. Is the nominee part of a coalition that promotes healthy lifestyles within the community? (300 words maximum)*
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20. How did the nominee ensure that this approach be sustained over time, both financially (if needed) and through organizational commitment? (300 words maximum) *

(untitled)
21. What is the local park and recreation agency role in the approach? (300 word maximum) *
Attached Documents
22. Please attach a resume for the nominee. * Browse
23. Please attach two letters of recommendation. One letter must be from a strategic partner that was involved in the implementation of the system change approach. * Browse
24. Please provide any supplemental materials below. Browse