**2017 National Exemplary Awards for**

**Innovative Substance Abuse Prevention Programs, Practices and Policies**

**APPLICATION COVER SHEET**

***(INCLUDE WITH APPLICATION)***

**1. Has this intervention been submitted for an Exemplary Award in previous years?** [Circle one]

Yes No

**2. What is the primary target for this program, practice or policy**? [Circle one]

Individual School-Based Family/Parent Peer/Group

Workplace Environmental/Community-Based Other

If Other, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

Program Name

Agency

Contact Person Email

Address

Phone Fax

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program Director Signature Date

**NOMINATING AGENCY/ORGANIZATION INFORMATION**

Agency/Organization

Contact Person Email

Address

Phone Fax

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nominating Agency Signature Date