

2015 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 Gunnison County Substance Abuse Prevention Project (GCSAPP)
Agency Gunnison County
Contact Person Kari Commerford Email kcommerford@gunnisoncounty.org
Address 200 East Virginia Ave
Gunnison, CO 81230
Phone 970-442-7396 Fax 970-641-9079

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

Kari Commerford _____
Program Director Signature Date

NOMINATING AGENCY/ORGANIZATION INFORMATION

Agency/Organization Gunnison County Dept. Health & Human Services
Contact Person Joni Reynolds, RN/CNS, MSW Email jreynolds@gunnisoncounty.org
Address 225 N. Pine St
Gunnison, CO 81230
Phone 970-641-7940 Fax 970-641-3738

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

Joni Reynolds, RN/CNS, MSW _____
Nominating Agency Signature Date