

**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 Media Awareness Project

Agency Capital Region ESD 113

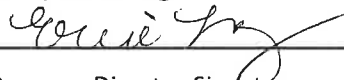
Contact Person Erin Riffe Email eriffe@esd113.org

Address 6005 Tyee Dr. SW

Olympia Tumwater WA 98512

Phone (360) 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

07-08-15
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