



## 2020 Nomination Obesity Prevention in the Capital Area

The Capital Area Wellness Coalition (CAWC) is accepting applications for the seventh annual Well Done! Awards. These awards recognize healthy eating and/or active living initiatives that have made a positive impact in our community.

### **Nominee Criteria:**

1. Nominees can be from any sector of the community (business, community agency, school, volunteer group, individual, other).
2. Nominees must have been involved specifically in healthy eating and/or active living initiatives.
3. Nominees target audience and initiatives must take place within the territory served by the CAWC (Allentown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Webster, Weare, Windsor).

### **Selection and Award Process:**

1. Complete the nomination form enclosed. **Nominations are due by Friday, March 27, 2020** to:  
Capital Area Wellness Coalition  
Attn: Well Done Awards  
Center for Health Promotion  
49 S. Main St.  
Concord, NH 03301  
Or email your nomination to  
Valerie Ferland at [vferland@crhc.org](mailto:vferland@crhc.org)  
603-230-7311
2. A selection board consisting of CAWC members and past Well Done Award winners will review the nominations.
3. Three winners will be selected and notified on or around April 15, 2020.
4. An awards breakfast will take place on Wednesday, May 20, 2020 from 7:30 – 9 am at Northeast Delta Dental Conference Center, Two Delta Drive, Concord, NH 03302.

### **Nominator Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Nominee Information** (name of individual, business, community group being nominated)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please select the sector that best describes who you are nominating.

☐ Business/Worksite    ☐ Community Agency    ☐ School    ☐ Volunteer Organization  
☐ Non-profit    ☐ Individual    ☐ Other \_\_\_\_\_

(Please see page 2 to complete the nomination form)



## 2018 Nomination Form – Page 2

Please provide a brief description of the organization/group/individual you are nominating. Max. 1000 characters.

Name of the program/initiative/project(s) that relates to healthy eating and/or active living (if any).

Briefly describe how this nominee has impacted healthy eating and/or active living. Please consider outcomes and results to demonstrate impact (Examples: pounds lost, # of fruits and vegetables increased, increase in steps taken, increase in fitness center utilization, decrease in soda consumption, change in vending machine quality/utilization, number of trails cleaned up, etc). Max. 1000 characters.

Who can take part (employees, individual clients, members of, whole community)?

How many people have access to this program/project?

Does this program/project impact underserved populations? YES NO If yes, please describe. Max. 1000 characters.

Are their costs associated with participating? YES NO If yes, how much?

Are there any incentive awards for participating in this program/project? YES NO If yes, please list.

Who is responsible for administering this program? Check all that apply.

☐ HR/Benefits ☐ Wellness Staff ☐ Students ☐ Teachers ☐ Volunteers ☐ Employees ☐ Other, please list