

Westchester County Board of Health
Distinguished Public Health Service Award

2017 NOMINATION FORM

ELIGIBILITY: Nominees must live or work in Westchester County

CRITERIA: Nominees should be an individual or organization whose efforts have made an extraordinary contribution to public health in Westchester

FILING DEADLINE: **One week extension! February 14, 2017**

MAIL OR DELIVER TO: Westchester County Board of Health
Public Health Awards
C/o Caren Halbfinger
Cqh4@westchestergov.com Subject Line: 2017 Nomination
Westchester County Department of Health
145 Huguenot Street, 7th Floor
New Rochelle, New York 10801

1. Nominee Information (Use N/A where not applicable)

Nominee's name; if nominee is an organization, please also provide name of contact person	Title
Address	
Email	Phone
Funding Source	Partner Agencies

2. PUBLIC HEALTH CONTRIBUTIONS: Use the reverse side of this form or attach your remarks to describe the nominee's accomplishments and contributions to public health in Westchester. Attach multimedia examples and links as needed.

3. PERSON MAKING THE NOMINATION

Name	Agency (if applicable)
Address	Phone and email
Signature	Date

PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE