

**FCBHA Advisory Board Community Recognition Award
2018 Nomination Form**

Person/Organization Being Nominated: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Is the nominee a:

(Please check all that apply)

- Fayette County Resident Organized Advocacy Group/ Member
 Organization /Agency Individual Employee Volunteer

Explain Reason for Nomination: _____

Explain Significant Impact/Outcome to the Mental Health and/or Intellectual Disability System: _____

Signature of Nominator

Print/Typed Name

Date

Phone Number

E-mail Address

Mail To:

FCBHA
Community Recognition Nomination, Attn: Human Resources
215 Jacob Murphy Lane, Uniontown, PA 15401

Deadline:

November 20, 2018