FCBHA Advisory Board Community Recognition Award
2019 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 15, 2019