**Hometown Health Hero Award Nomination Form**

Please describe the reason(s) this person or organization is a Hometown Health Hero by answering the questions below. **Remember: if the person you nominate does this activity as part of their normal job duties, you need to tell us how they have gone above and beyond those job duties** to accomplish this great work.

Submitter Name:

Email Address:

Phone Number:

**Nominee Contact Information**

Name:

Organization:

Address:

Is the address Home or Work (check one)

Phone:

Email Address:

**Information about the Activity**

1. Name of the Activity:

(Example: Rides for Wellness)

1. Community Served (location and population):

(Examples: City of \_\_\_\_, County of \_\_\_\_, at risk teens in the city of \_\_\_\_\_\_, elderly residents in \_\_\_\_\_ County, etc.)

1. Objective or goal:

(Example: Increase access to healthcare for residents by providing reliable transportation)

1. Dates of this activity:

(Examples: 2010-Present, 2012-2014, etc.)

1. Describe the specific outcomes this activity brought to the health of the population served. How was the health of the community improved?

(Example: Through this activity residents that would have missed a doctor appointment or would have gone without needed medication because they could not get to the pharmacy now have access to these services through this program.)

1. How were the outcomes/improvements listed in #5 measured?

(Example: Survey conducted; anecdotal reporting, observations, feedback from the public, etc.)

1. If this activity is related to the nominee’s normal job, describe how this activity goes above and beyond their job responsibilities:

(Example: the nominee works on this project on their own time outside of work)

Send this completed form to Jim Koval of the Michigan Public Health Week Partnership via email at kovalj@michigan.gov; if you do not have ready access to email, you may fax your completed form to 517-335-8392. **Nominations must be received by 5:00 pm (ET) January 31, 2025**.