

**Vision:
Ventura County
leads the way to a
Healthy California**



Health Champion Award Awardee Form

Nominated Organization/Program: _____

- Contact Person: _____
- Phone Number: _____
- Email: _____

Short Narrative:

Note: Please include a brief description of why nominated organization/program was nominated and confirm narrative with your nominee/awardee.

Award Recipient:

Please specify who from the nominated organization/program will be receiving the award at the Board of Supervisors meeting.

- Recipient Name: _____
- Phone Number: _____
- Email: _____

Partnership for a Healthy Ventura County Committee member who nominated organization/program:

- Committee Name: _____
- Contact: _____
- Phone: _____
- Email: _____

Mission:
To promote community activities, policies,
and environmental changes that foster
healthy eating and regular physical
activity to counter obesity
and its related
chronic diseases.