

# **FCBHA Advisory Board Community Recognition Award 2022 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: \_\_\_\_\_

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

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**Signature of Nominator**

Print/Typed Name

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Date

### Phone Number

#### E-mail Address

**Mail To:**

FCBHA

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

## Deadline:

December 9, 2022