

Recovery Month Annual Event Award Program Application

First Name: _____ Last Name: _____

Title: _____ Organization: _____

Event Name (as it appears on the *Recovery Month* website): _____

Role: Event Planner Researcher Policy Specialist
 Event Participant Treatment/Recovery Provider General Audience
 Other (please describe): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Organization web site address: _____

Recovery Month Annual Event Award Program Categories

Please select the box of the **one*** (1) Award Category for which you are submitting your event for an award:

- Rally and Walk/Run Events:** Includes events such as, but not limited to—walks and/or runs, motorcycle/bicycle rides, and rallies.
- Educational Events:** Includes events such as, but not limited to—forums, town hall meetings, trainings, health fairs, movie or video discussion groups, provider or treatment center open houses with educational components and faith-based lectures or trainings.
- Special Celebrations:** Includes events such as, but not limited to—art shows, picnics, cookouts, awards programs, concerts, open houses, entertainment events, communication/media events, sporting events, baseball games, festivals, poetry jams, and worship or prayer services.

***Organizations may only apply for one (1) Award Category per year.**

Recovery Month Annual Event Award Program Selection Criteria

Please answer each question as detailed as possible.

Provide a brief description of your event or major activities. (Please attach additional sheets, if necessary.)

Did you receive media coverage? Yes No

If yes, who covered your event? (Please attach a brief summary or copies of articles.)

Describe the prominent use of *Recovery Month* materials/logos. (Please attach copies of articles and/or materials used.)

Describe the Engagement of Innovative and collaborative partnerships. (Establishment of innovative and collaborative partnerships created to organize and conduct the event and potential for ongoing field relationship building.)

Did you have Community leaders and/or celebrity involvement? Yes No

If yes, describe ways in which community or entertainment industry principals were involved and included (i.e. signing of a proclamation, as the event's master of ceremonies, guest speaker, etc.). (Please attach a brief summary or copies of articles.)

Describe use of technology and/or social media. (Ways in which technology and/or social media was used to promote or carry out each event.)

Uses of Print/Broadcast/On-line Media Coverage. (Describe the innovative ways in which various forms of media were used to promote and cover your event) (Please attach press clippings, articles, etc.)

Describe your inclusion of the recovery community in your event (i.e. individuals in recovery, family members, treatment and recovery service providers and advocates, and the general public).

Describe the impact on your community. (Events will need to demonstrate impact by including information on the numbers of new groups participating, organizational resources made available from organizations, photos; testimonials, and quotes from participants.)

Leveraging your *Recovery Month* event to future events. (Describe ways in which your event leveraged its success to further encourage local community support for individuals and families in recovery.)

If you have questions regarding this Application please contact:

Scott Rieder

Phone: (202) 248-5476

Email: recoverymonth@vancomm.com

Electronically Submit Your Completed Application and Required Materials to:

recoverymonth@vancomm.com

or

Mail or Fax Your Completed Application and Required Materials to:

Recovery Month

Attn: Scott Rieder

2121 K St., NW, Suite 650, Washington, DC 20037

Phone: (202) 248-5476

Fax: (202) 331-9420

The questions listed below concerning the Toolkit materials are for information purposes only and are **NOT** part of the rating criteria for the **Recovery Month Annual Event Award Program** evaluation. Your responses assist in providing the most useful products and information in future Toolkits and materials produced for **Recovery Month**.

Did you use the following Toolkit materials either in hardcopy or online?

- Yes No Promote **Recovery Month** with Events
- Yes No Work with the Media
- Yes No Share Your Voice through Op-Eds and Online Articles
- Yes No Press Materials for Your **Recovery Month** event
- Yes No Issue **Recovery Month** Proclamations
- Yes No **Recovery Month** Public Service Announcements (PSAs)
- Yes No Banners and Logos
- Yes No Overview: It's Worth It
- Yes No Common Mental Health Problems and Misused Substances
- Yes No Treatment and Recovery: Why It's Worth It
- Yes No Join the Voices for Recovery
- Yes No Address Mental and/or Substance Use Disorders Among Military, Veterans, and Their Families
- Yes No Recovery Among People in the Justice System
- Yes No Families and Friends Can Make a Difference
- Yes No Partner with the Recovery Community
- Yes No Mental and Substance Use Disorders: Fast Facts
- Yes No Develop Your Social Network
- Yes No New Media Glossary
- Yes No Build Community Coalitions
- Yes No Planning Partners Directory
- Yes No Single-State Agency (SSA) Directory
- Yes No Prevention, Treatment, and Recovery Resources
- Yes No Customer Satisfaction Form
- Yes No Join the Voices for Recovery