Application

SAMHSA's Recovery Month Annual Event Award Program

The **Substance Abuse and Mental Health Services Administration** (SAMHSA) is pleased to acknowledge the efforts of those who planned and organized events for *National Recovery Month* (*Recovery Month*). Through SAMHSA's *Recovery Month* Annual Event Award Program application, you can self-select your event for award consideration.

All events must be posted on the *Recovery Month* website and need to have checked the icon indicating interest in consideration for the *Recovery Month* Annual Event Award Program by **December 31, 2011** to be eligible. (*Award winners are not eligible to receive awards in consecutive years.*)

Please complete the Application form and return it with all required materials listed within the Application electronically, by mail or fax to the email, postal address or fax number listed on page 5 by **March 30, 2012.** (Award winners will be notified by May 15, 2012.)

There are four award categories—listed on page 2. One winner from each category will be selected. Travel arrangements and expenses will be paid for one person from each of the winning organizations to attend the 2012 *Recovery Month* Luncheon to accept the 2011 *Recovery Month* Annual Event Award.

Winners will be highlighted on the *Recovery Month* Web site at http://www.recoverymonth.gov and through *Recovery Month* social networking initiatives such as Facebook, Twitter and YouTube. Winners will also be highlighted in *SAMHSA News*, *SAMHSA ENetwork*, as well as through SAMHSA's press office.



Recovery	Month	Annual	Event Awa	ard Program	Application
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First Name:		Last Name:	
Title: _		Organization:	
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:			
J			
Reco	very Month Annual Eve	ent Award Program Categories	
Please	select the box of the one	(1) Award Category for which you a	are submitting your event for an award:
	Rally and Walk/Run Ever rides, and rallies.	ts: Includes events such as, but not lin	mited to—walks and/or runs, motorcycle/bicycle
		ssion groups, provider or treatment cer	—forums, town hall meetings, trainings, health nter open houses with educational components
	concerts, open houses, en	·	o—art shows, picnics, cookouts, awards programs, edia events, sporting events, baseball games,
	SAMHSA–Sponsored Eventhe event.	ents: Events for which recipients recei	ved SAMHSA-support for planning and conducting

*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 <i>Recovery Month</i> 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.)

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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 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.)						
everaging your Recovery Month event to future events. (Describe ways in which your event leveraged its success to urther 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

 ${\bf Email:} \ \underline{{\bf recoverymonth@vancomm.com}}$

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	Planning Your Recovery Month Event		
☐ Yes	□ No	A Guide to Recovery Month Publicity and Media Interviews		
☐ Yes	□ No	Press Materials for Your Recovery Month Event		
☐ Yes	☐ No	Drafting and Submitting an Op-Ed during Recovery Month		
☐ Yes	□ No	Official Recovery Month Proclamations		
☐ Yes	☐ No	Promoting <i>Recovery Month</i> with Public Service Announcements		
☐ Yes	☐ No	Recovery Month Banners, Letterhead, and Logos		
☐ Yes	☐ No	An Overview: Recovery Benefits Everyone		
☐ Yes	☐ No	A Policymakers Guide for Addressing Substance Use and Mental Disorders		
☐ Yes	□ No	Substance Use and Mental Disorders Affect All Individuals		
☐ Yes	☐ No	Healthcare Providers Role in Addressing Substance Use and Mental Disorders		
☐ Yes	□ No	Addressing Substance Use and Mental Disorders in the Workplace		
☐ Yes	☐ No	Treatment and Recovery: Finding Personalized Help		
☐ Yes	☐ No	Commonly Misused Substances		
☐ Yes	□ No	New Media Glossary		
Did you use the following Booklet Sections?				
☐ Yes	□ No	Building Community Coalitions		
☐ Yes	□ No	Recovery Month Planning Partners List		
☐ Yes	□ No	Recovery Month Resources		
☐ Yes	□ No	Single-State Agency Directory		
☐ Yes	□ No	Online Voices for Recovery		
☐ Yes	□ No	Targeted Outreach Booklet		
☐ Yes	□ No	Commonly Misused Substances Handout		