

For office use only:  
Entry # \_\_\_\_\_  
Group # \_\_\_\_\_  
Addt'l materials? \_\_\_\_\_

## ***The 2006 Iowa Community Health Prize***

### ***Entry Form***

***Please complete all sections. Application must be typed.  
Send original completed form and 4 photocopies (additional documentation need  
not be copied) postmarked by May 1, 2006, to:***

***Iowa Community Health Prize  
Iowa Health System  
1200 Pleasant Street  
Des Moines, IA 50309  
Telephone: 515/241-6161***

### **Entrant Information**

- A. Title of program or project:***
- B. Name of organization:***
- C. What type of organization is the entrant?***
- D. Organization's tax ID number: \_\_\_\_\_***
- E. County (or counties) in Iowa served by project:***

***F. Contact Information:***

**Primary contact:**  
**Title (if applicable):**  
**Organization (if applicable):**  
**Address:**  
**Phone number:    Weekday:**  
**Evening:**  
**Email address:**

**Secondary contact:**  
**Title (if applicable):**  
**Organization (if applicable):**  
**Address:**  
**Phone number(s):    Weekday:**  
**Evening:**

**Email address:**  
**Program/Project Information**

**Program/Project Title:**\_\_\_\_\_

**1. Please provide a brief description (one paragraph) that succinctly describes your project.\***

*\*This paragraph will be used for publication with other project descriptions in the 2006 Project Summary booklet. This is an important part of the application process and integral to the success of the Iowa Community Health Prize. Please consider what others can learn from your project by reading this one paragraph.*

**2. Describe the community\*/audience for which your program was intended. Please include in your description any information you have regarding:**

- *physical location of the group or community.*
- *demographic characteristics of the group or community (e.g. age, economic status, or other related and relevant characteristics).*
- *unique features of the community (e.g. its geographic location, certain demographic characteristics, etc.) that impacted the project.*
- *needs of the population - as defined by the project - best described as “long-term and ongoing” or “short-term and episodic”?*

*\* The term “community,” as referred to by the Iowa Community Health Prize, is defined as the people targeted to be served by a specific project. While the “community” served by a project may correspond with a political subdivision (ie: city/county), it is not required.*

**3. Describe what prompted development of the project, the need to which your project attempted to respond and how it was identified.**

**4. Outline the project's purpose, mission and goals:**

**5. List the members of the project team (groups or individuals) and describe the collaboration of the team and other groups and individuals in the community that came together to address the problem the project identified.**

**6. Describe the resources available to conduct the project in terms of funds available, human resources, and/or other community resources and the process used to secure the resources. And/or describe difficulties encountered in securing resources (if applicable).**

***Please note:*** The following four questions are key to assessing the success of your program. Please provide as much demonstrable and quantifiable data as possible regarding the impact of the program on the community/target population.

***7. Describe how the program/project reached the community/audience for whom it was intended. How many people did the program intend to serve; how many did it serve and how did you determine the number of people served?***

***8. How was the impact on the community's health and well being measured? Describe how data was collected and quantified.***

***9. Submit relevant data, benchmarks, or other information that demonstrates the project was successful in reaching the community for which it was intended and effectively impacted the problem/situation to which it was directed.***

***10. Describe why your organization believes the project improved the health status and overall quality of life of the community for which it was intended. Why was the project was successful?***

### **Additional Materials**

***Submit any letters of commendation that support your entry (submit no more than three letters.)***

***If possible, enclose any drawings, schematic plans, photographs, newspaper clippings or other written or photographic materials, which further support your entry (good quality photocopies are acceptable).***

**Do not send video or audiotapes.**

***All materials submitted will become the property of the Iowa Community Health Prize and may be duplicated and redistributed in conjunction with the Prize. Materials submitted cannot be returned.***

***\*\*Note— After award notification Prize recipients will be asked to submit actual photographs for use in publicity, promotion, award ceremony, etc.***

### **Statement of Eligibility**

***I hereby affirm that to the best of my knowledge, this entry complies with the eligibility criteria established for the Iowa Community Health Prize by its sponsors. Further, I understand that no program sponsored or implemented by a partner hospital of Iowa Health System, the Iowa Farm Bureau Federation, Iowa Farm Bureau Foundation or their subsidiaries is eligible for the Prize. In addition, I understand the final determination of eligibility shall be the sole discretion of the Prize's management committee.***

***Entrant's Signature*** \_\_\_\_\_

***Entrant's Name*** \_\_\_\_\_

***Entrant's Position (relative to project)*** \_\_\_\_\_

***For interpretation and/or technical assistance, please contact  
Iowa Health System at 515/241-6161  
\*This entry form may be downloaded from [www.ihs.org](http://www.ihs.org)***