GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
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BREATH OF LIFE TOBACCO CONTROL AWARDS

The Department of Public Health and Social Services in partnership with the Tobacco Control Action Team (TCAT) of the Guam Non-Communicable Disease (NCD) Consortium is proud to announce the inaugural Breath of Life Tobacco Control Awards. This program has been developed to recognize individuals and organizations that are responsible for driving tobacco control progress and success in Guam. 5 winners will be awarded for their outstanding work and contributions in tobacco control.

Examples of progress and success include, but are not limited to: protecting the community from second-hand smoke; implementing education and prevention policies or activities; success in helping tobacco users quit; warning of the dangers of tobacco use and second-hand smoke; enforcing bans on advertising, promotion and sponsorship; and policy or advocacy work that further protects the community from the dangers of tobacco. **Deadline for submission is 4:00 PM on Wednesday, June 15, 2016.**

Award Categories:

- Youth Award: Individual (up to 17 years old)
- Youth Group Award: School/Organization/Team/Youth Group, etc.
- Adult Award
- Community Organization Award: Private/Public Organization, Govt. Agency, Faith Based, etc.
- Legacy Award (Posthumous accepted)

Nominations:

- The nominee's contributions or achievements must be for activities conducted in Guam.
- Ongoing activities are acceptable.
- Nominees do not have to be a member of the NCD Consortium.
- Anyone may submit a nomination – completed and signed nomination forms must be submitted by 4 PM on Wednesday, June 15, 2016.
- Completed nominations should be submitted via email to Elizabeth Guerrero: elizabeth.guerrero@dphss.guam.gov
- For questions regarding the award program rules, contact Elizabeth Guerrero at 735-7303

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Breath of Life Tobacco Control Award
Nomination Form

Nominator Information
Your Name: _____ Phone Number _____
Email Address: _____

Certification

I hereby certify that the information submitted in this nomination packet is accurate to the best of my knowledge and that this information meets the eligibility criteria. The Tobacco Control Action Team (TCAT) is hereby given permission to share the information in this packet with the individuals participating in the selection of the awards.

Nominator's Signature: _____ Date: _____

Nominee Information

Nominee's Name:_____

Nominee's Organization:_____

Nominee's Phone Number(s):_____

Nominee's Email Address:_____

Award Category (Please select ONE):

- ☐ Youth Award – Individual (Under 18)
- ☐ Youth Group Award
- ☐ Adult Award- Individual
- ☐ Community Organization
- ☐ Legacy Award (Posthumous accepted)

Please do not exceed 300 words, 12 point font. Please refrain from using the nominee's name or organization name in your write-up. Instead, use "this person/organization" or "the nominee."

Please clearly describe the nominee's achievements/contributions to tobacco control. Please be sure to include information regarding the impact/outcomes the nominee's achievements have resulted in.

Examples of achievements/contributions include, but are not limited to: protecting the community from second-hand smoke; implementing education and prevention policies or activities; success in helping tobacco users quit; warning of the dangers of tobacco use and second-hand smoke; enforcing bans on advertising, promotion and sponsorship; and policy or advocacy work that further protects the community from the dangers of tobacco, etc.