

TEAFCS Program Award Application Cover Page

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Program Title: _____

Award Category (please only check one per application):

Innovation in Texas Programming

Healthy Texas (Any Health or Wellness programs that are not BLT related)

Healthy Texas – Better Living for Texans

4-H and Youth Development

Curriculum Enrichment

Multi-County Programming

Interdisciplinary Programming

Is this award being submitted for an individual or team?

Individual

Team

If team, please list team members and their respective information (add additional pages if needed):

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Name: _____

Title: _____

County: _____ District: _____ Region: _____

50-word summary statement to be used in the awards presentation.

Please submit the following as one PDF document

This Cover Page

Program In-Depth or Outreach Summary (Maximum of two pages which includes Relevance, Response and Results.)

Supporting Pieces (May include up to five. These can include program flyers, handouts, brochures, program pictures, etc.)

Letter of Support (This letter should be from a program collaborator or participant. It should not come from another Extension employee.)