

# 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 narrative

Supporting Pieces (May include up to five. These can include program in-depth summary, flyer's, 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.)