



**FMAA**  
FLORIDA MEDICAL ASSOCIATION ALLIANCE

**FMA ALLIANCE  
AWARDS OF  
EXCELLENCE**  
*Application for  
Community Service  
Award*

**Please circle one project category per entry.**

1. Best Health Information Program
2. Best Community Education Program
3. Best Youth Oriented Program
4. Best Adult Oriented Program

County Alliance:
# of Members:
County President and Email:
Address:
Email/Phone Contact Person:
Project Name:
Project Chair:
How many volunteers participated?
Do you know how many people directly benefited from this program?

Describe how the project was chosen. (member request, community or organization request?)

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Describe the planning details, include process for determining the needs of the community and reason why needed.

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Describe the impact of the project on the community. Was the project well-received?

Will you do this project again? Is the project needed on a continuous basis or did you "solve" a problem in your community?

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Applications must be submitted by August 31.  
Applications will be judged by the FMAA Awards Committee

**Email application to:** [info@myfmaa.org](mailto:info@myfmaa.org)

FMAA Community Service Award Ver 6-18