

National *Recovery Month*

Prevention Works • Treatment is Effective • People Recover

SEPTEMBER 2016

SAMHSA's National *Recovery Month* Annual Event Award Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to acknowledge the efforts of those who planned and organized events for ***National Recovery Month (Recovery Month)*** in 2015. Through SAMHSA's *Recovery Month* Annual Event Award Program application, you can self-select your event for award consideration.

All events must have been posted on the *Recovery Month* Web site by December 31, 2015, to be eligible. (Previous award winners are not eligible to receive awards in consecutive years.)

Please complete the application form and return it, with all required materials listed within the application, by **April 29, 2016**. You can return the form and materials electronically, by mail or fax, using the email address, postal address or fax number listed on page 6. (*Award winners will be notified no later than July 15, 2016.*)

There are three award categories listed on page 2—Rally and Walk/Run Events, Educational Events, and Special Celebrations. One winner from each category will be selected. Travel arrangements and expenses will be paid for one person from each of the winning organizations to attend the 2016 ***Recovery Month*** Luncheon to accept the 2015 ***Recovery Month*** Annual Event Award.

Winners will be highlighted on the ***Recovery Month*** Web site at <http://www.recoverymonth.gov> and through ***Recovery Month*** social media platforms such as Facebook, Twitter, and YouTube. Winners will also be highlighted in *SAMHSA News*, *SAMHSA's eNetwork*, as well as through SAMHSA's Office of Communications.

*In order to ensure that your application receives an accurate and fair review, please answer each question as thoroughly as possible (NOTE: Try to keep answers to no more than 500 words per question.) If more space is needed and you want to include a supplementary document to answer a question, please indicate you will be doing so under the respective question. If including attachments such as photos, brochures, flyers, or other materials, be sure to identify the question number next to the corresponding attachment.

Recovery Month Annual Event Award Program Application

First Name: _____ Last Name: _____

Title: _____ Organization: _____

Event Name (as it appears on the *Recovery Month* website): _____

Your role: Event Planner Researcher Policy Specialist

Event Participant Treatment/Recovery Provider Peer or Consumer Run Organization

Other (please describe): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Organization Website Address: _____

Recovery Month Annual Event Award Program Categories

Please select the box of the **one*** (1) Award Category for which you wish to be considered:

- Rally and Walk/Run Events:** Includes events such as walks and/or runs, motorcycle/bicycle rides, and rallies.
- Educational Events:** Includes events such as forums, town hall meetings, trainings, health fairs, movie or video discussion groups, provider or treatment center open houses with educational components, and faith-based lectures or trainings.
- Special Celebrations:** Includes events such as art shows, picnics, cookouts, awards programs, concerts, open houses, entertainment events, communication/media events, sporting events, baseball games, festivals, poetry jams, and worship or prayer services.

***Organizations may only select and apply under one (1) award category per year.**

Please select the size of your event:

- Small:** 1–100 people (excluding organization staff and volunteers)
- Medium:** 100–300 people (excluding organization staff and volunteers)
- Large:** More than 300 people (excluding organization staff and volunteers)

Please select the behavioral health focus of your event:

- Substance use disorders exclusively**
- Mental health exclusively**
- Both substance use disorders and mental health (If both, please indicate which focus was more prominent)**

O Substance use disorders

O Mental Health

In order to ensure that your application receives an accurate and fair review, please answer each question as thoroughly as possible (NOTE: Try to keep answers to no more than 500 words per question.) Please note that applications will be evaluated not only on the success of the event, but on the merit of the application, as well as the success of the event itself.

If more space is needed and you want to include a supplementary document to answer a question, please indicate you will be doing so under the respective question. If including attachments such as photos, brochures, flyers, or other materials, be sure to identify the question number next to the corresponding attachment.

1. Provide a brief description of your event or activity. (Please provide a minimum of 150 words for this answer. If you require an additional sheet, please try and keep responses to a 500 word limit).

2. Describe your inclusion of the recovery community in your event (e.g., individuals in recovery, family members, treatment and recovery service providers and advocates, and the general public).

3. Describe the engagement of innovative and collaborative partnerships. (Such partnerships might have been created to organize and conduct the event and increase the potential for ongoing field relationship building.)

4. Did you have community leaders and/or celebrity involvement? Yes No

If yes, describe ways in which community or entertainment industry principals were involved and included (e.g., signing of a proclamation, as the event's master of ceremonies, guest speaker, etc.). (Attach a brief summary or copies of articles.)

5. Did you receive media coverage? Yes No

If yes, please describe the print/broadcast/online media coverage and include copies of media coverage.

6. Describe the use of technology and/or social media. (Outline the ways in which technology and/or social media was used to promote or carry out each event.)

7. Describe the prominent use of *Recovery Month* materials/logos. (Please attach copies of articles and/or materials used, or pictures. If pictures are provided with human subjects, please provide a hold harmless release form for each picture (a link to the form is provided on the Recovery Month website).

8. Describe how the event incorporated mental health topics or issues, if applicable. (Attach additional sheets, if necessary.)

9. Describe the impact of the event on your community. (Demonstrate impact by including information on the numbers of new groups participating, organizational resources made available from organizations, photos, testimonials, and feedback from participants.)

10. How did you leverage your *Recovery Month* event to future events? (Describe how your event was able to further encourage local community support for individuals and families in recovery.)

If you have questions regarding this application please contact:

Scott Rieder

Phone: (202) 248-5476

Email: recoverymonth@vancomm.com

Electronically submit your completed application and required materials to:

recoverymonth@vancomm.com

or

Mail or fax your completed application and required materials to:

Recovery Month

Attn: Scott Rieder

2121 K Street, NW, Suite 650

Washington, DC 20037

Phone: (202) 248-5476

Fax: (202) 331-9420

The questions listed below concerning the toolkit materials are for information purposes only and are **NOT** part of the rating criteria for the **Recovery Month Annual Event Award Program** evaluation. Your responses assist in providing the most useful products and information in future toolkits and materials produced for **Recovery Month**.

Did you use the following Toolkit materials provided online?

- Yes No Promote *Recovery Month with Events*
- Yes No Work with the Media
- Yes No Share Your Voice through Op-Eds and Online Articles
- Yes No Press Materials for Your *Recovery Month* event
- Yes No Issue *Recovery Month* Proclamations
- Yes No *Recovery Month* Public Service Announcements (PSAs)
- Yes No Overview: Together on Pathways to Wellness
- Yes No Common Mental Disorders and Misused Substances
- Yes No Treatment and Recovery
- Yes No Policy Makers
- Yes No First Responders
- Yes No Faith Leaders
- Yes No Youth and Young Adults
- Yes No Mental and Substance Use Disorders: Fast Facts
- Yes No Develop Your Social Network
- Yes No New Media Glossary
- Yes No Build Community Coalitions
- Yes No Planning Partners Directory
- Yes No Single-State Agency (SSA) Directory
- Yes No Prevention, Treatment, and Recovery Resources
- Yes No Customer Satisfaction Form
- Yes No Join the Voices for Recovery