

# Excellence in Building Healthy Communities for Active Aging Application, Award Guidelines and Entry Rules

## ENTRY FORM

Please type or print. If you are submitting multiple entries, use a separate form for each entry.

### SECTION I

#### PUBLIC ENTITY AWARD

Public Entity

Name of Project or Program:

Location:

Organization(s) Responsible:

Name and Title of Public Sector Organization Representative:

(Must represent the public sector entity involved in the application)

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Signature of Public Sector Organization Representative

OR

NEIGHBORHOOD AWARD (Public or Private)

NEW SIGN Neighborhood Award (Governmental or Non-governmental Organization)

Name of Project or Program:

Location:

Organization(s) Responsible:

Name and Title of Public on Private Sector Organization Representative:

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Signature of Organization Representative

**(If this entry is selected for an award, information from the first three lines will appear on the award certificate. At least one of the organizations responsible must be a public sector organization.)**

**Please check one below.**

I  **agree**/  **do not agree** to let EPA share the information in this application with other parties for the purpose of creating educational and informational materials unrelated to the award.

Note: checking "I do not agree" does not give the EPA authority to withhold this information if a Freedom Of Information Act (FOIA) request is made for the application. Only portions of the application marked "Confidential Business Information" and personal privacy information can be withheld from a FOIA request.

In accordance with 40 CFR 2.203, applicants may claim all or a portion of the application as confidential business information. EPA will evaluate confidentiality claims in accordance with 40 CFR Part 2. Applicants must clearly mark applications or portions of applications they claim as confidential. If no claim of confidentiality is made, EPA is not required to make the inquiry to the applicant normally required by 40 CFR 2.204(c)(2).

**Contact Information**—EPA may seek additional information about some applications. Please provide contact information for a person who is familiar with the application and can respond to questions from EPA and its contractors.

Name:

Title:

Organization:

Address:

Telephone:

Fax:

E-mail:

While it will not affect your application, the EPA is interested in knowing how you found out about the awards so that it can provide effective outreach. In the check-boxes below, please indicate how you learned about the awards. Check as many as apply:

- EPA Web site
- EPA Aging Initiative List Serve
- Smart Growth Network
- Learning Network Web Site
- Conference; provide name and/or sponsor: \_\_\_\_\_
- List-serv or mailing list; provide name: \_\_\_\_\_
- Other; please describe: \_\_\_\_\_

## ENTRY FORM

### SECTION II

**Threshold Criterion/Overall Description:** Provide a narrative description of your entry, and explain how it fosters smart growth and active aging as defined on pages one and two in this document. Discuss the various components of the program(s), its origins, and how your smart growth and active aging efforts have shown results during the past five years. Limit your response to no more than 1,000 words.

Fill in all relevant parts of the table below (Limit comments to 50 words per item):

<p>How long has the program(s) been in effect? Please briefly describe if there are different dates for different elements.</p>	
<p>How large an area does your program(s) affect? Include number of jurisdictions involved (e.g., towns, counties, etc.), and approximate population served. Please quantify the population 50+ served.</p>	
<p>How much new, converted, or rehabilitated development has taken place under your program(s) in the past five years (e.g., number and type of housing units, square feet of retail or office space, number and type of other new buildings, amount of open space created or preserved, amount for sidewalks, bike paths and other trails created or improved)?</p>	
<p>Estimate the number of physical activity programs and opportunities accessible and appropriate for older adults in your community and the number of older adults participating in physical activity programs.</p>	
<p>Who are the primary partners involved in making the project a success? (list names)</p>	





6. What role has the aging services network and the older adult population played in the project?

7. Has this project led to other opportunities to improve smart growth and active aging? If so, how, and what are the foreseen opportunities for coordination between your smart growth and active aging efforts?

**Supporting Materials:**

Photos of the area(s) showing physical changes due to smart growth efforts. Map or aerial photo of the affected area and its surroundings that provides context for the program's impact. Copies of the policy or policies cited in the application. Copies of materials used in outreach (e.g., information packages, flyers, brochures, etc.). Before and after photos. Resource guides indicating availability and accessibility of age-appropriate physical activity programs. Dissemination and sustainability plans,

### SECTION III

**You must have two letters of support: one from your local Area Agency on Aging and another from the local planning department or regional planning organization.** It must be signed by the director of the AAA or its representative.

You also may provide up to two independent references for your entry. The selection panel may contact these references for further information about your project, policy, or program. Include a name, address, telephone number, fax number, and e-mail address for each reference. In the section marked "Relevance to application," please note briefly the reference's relationship to and knowledge of your entry. Potential references could be local stakeholders, partners from the private or nonprofit sector, funders, elected officials, or other persons with substantial knowledge of the entry.

#### Reference #1

Name:

Title:

Organization:

Address 1:

Address 2:

Telephone:

Fax:

E-mail:

Relevance to application:

#### Reference #2

Name:

Title:

Organization:

Address 1:

Address 2:

Telephone:

Fax:

E-mail:

Relevance to application:

## **Letter of Support for Local or Regional Planning**

**The application must include a letter of endorsement by the local Area Agency on Aging and a letter of endorsement from the local planning department or regional planning organization (See section III)**