

**COVER PAGE FOR  
2009 SCIENCE AND SERVICE AWARD SUBMISSIONS**

**Organization/Agency Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Main Phone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Organization's URL** \_\_\_\_\_

*Contact Person within the organization*

**Name** \_\_\_\_\_  
**Position/Title** \_\_\_\_\_  
**Direct Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

*Nominating Person (if different than contact person)*

**Name** \_\_\_\_\_  
**Position/Title** \_\_\_\_\_  
**Direct Phone #** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

*Award Category Applying For: (check only one)*

- \_\_\_\_\_ **Mental Health Promotion**  
\_\_\_\_\_ **Treatment of Mental Illness and Recovery Support Services**  
\_\_\_\_\_ **Treatment of Substance Abuse and Recovery Support Services**  
\_\_\_\_\_ **Substance Abuse Prevention**  
\_\_\_\_\_ **Co-Occurring Disorders (mental illness and substance abuse)**

*Name of Evidence-Based Practice(s):* Include below the name of the evidence-based intervention that was implemented, any relevant citations from the scientific literature, and if applicable, the specific Federal and/or State registry (including URL address) where the evidence-based intervention is listed.

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