

PFRANKLIN COUNTY PHYSICAL ACTIVITY PLAN IMPLEMENTING THE PLAN - PARTNER ENDORSEMENT FORM

Please copy and fax your endorsement of the Franklin County Physical Activity Plan at 614-645-5888, or complete it online at <http://publichealth.columbus.gov/fc-physical-activity-plan.aspx>. Your support may be publicly acknowledged on the Columbus Public Health website and in plan-related materials.

1. Name of my organization or group:

2. The type of organization I represent (choose up to three):

- | | |
|---|--|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Communication/Media | <input type="checkbox"/> Recreational/Sports Setting |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Retail/Business Setting |
| <input type="checkbox"/> Health Care Delivery | <input type="checkbox"/> School |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> University |
| <input type="checkbox"/> Government Agency Non-Profit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Professional Association | |

3. I will provide a link from my organization's website to the Franklin County Physical Activity Plan

- Yes No

4. I/we will work on the following activities in the Franklin County Physical Activity Plan to help accomplish its goals:

5. I would like to become a member of the Creating Healthy Communities Network

- Yes No

Contact Information

Contact Name: _____

Organization (if applicable): _____

Position/Title: _____

Mailing Address: _____

Telephone Number: _____ Fax number: _____

Email: _____