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|  | General Federation of Women’s Clubs of North Carolina **2018-2020 GFWC-NC President’s Special Project:**  **Healthy Women Award Entry Narrative**  (Please copy form for both reporting years of this administration) |  |

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| **Linda Browne**  129 Rocky Branch Circle, Macon, NC 27551  Home Ph: 252-257-5889 Cell Ph: 252-213-0625  E: LindaBrowneNC@gmail.com | **Deadline: MIDNIGHT, February 1st**  **Postmarked or Emailed**  **Submit three (3) copies of this Entry Form and your Narrative to the Chairman** |

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| --- | --- | --- | --- |
| **Club Name** | | **General/Junior** | |
|  | |  | |
| **Address/City** | | **Total # of Members** | **District** |
|  | |  |  |
| **Club President’s Name** | **Phone #** | **Email Address** | |
|  |  |  | |

**CLUB TOP 5 PROJECTS (only):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project/Program** | **# Programs**  **& Projects** | **# Members Participating** | **Volunteer Hours** | **Dollars Donated** | **In-Kind Donations** |
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**CREATIVITY ENTRY:** Choose one of your top **five** entries to be judged for the **Club Creativity Project.**

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| **CREATIVE PROJECT:** |  |

**Award Entry Instructions:**

Awarded to the club (General and Junior) reporting the best overall work on the GFWC-NC President’s Special Project: Healthy Women.

* List (up to but no more than) your top FIVE (5) projects and/or programs held in this program area.
* Choose ONE project or program for the Club Creativity Project Award Entry. This entry will be judged in addition to the Overall Award Entry.
* (1) overall winner and (1) creative winner will be chosen.
* Projects and programs from this Award entry may be included on other CSP Award entries if applicable.
* Include information about the impact of your project upon the community and list other community groups involved.
* Include information that tells the story and answers the questions: Who? What? Where? Why? How?
* Include statistics for each project and/or program area.
* Separately – total ALL your club projects/programs, hours, dollars and number of members in this program for entry on the CP&S Form. Report totals on CP&S Form, totals should match.
* Number of members participated cannot exceed the total club membership.
* Entry narrative is limited to 3 additional single spaced typewritten pages (8 1/2 X11) using 10-point font.

**Tracking Healthy Habits:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | # of Members participating | TOTAL # of (Miles/Exams/Days) | Units of Measure |
| Walking |  |  | **# OF MILES** |
| Annual mammogram/self breast exam |  |  | **#OF EXAMS** |
| Annual Physical |  |  | **# OF EXAMS** |
| Annual Gynecological Exam |  |  | **# OF EXAMS** |
| Annual Dental Exam And Cleaning |  |  | **# OF EXAMS** |
| 4 x 8 ounces of water a day |  |  | **# Of DAYS** |
| Eat a Rainbow every day |  |  | **# OF DAYS** |

**(2,000 steps/20 minutes brisk walk is a mile)**