



## Nutrition Services Event Request Form



Nutrition Services • Alameda County Public Health Department

If you are requesting services from the Alameda County Nutrition Services program you are required to complete this form. Please fill in all information requested and email to [dale.murai@acgov.org](mailto:dale.murai@acgov.org) or FAX to 510-595-6486, Attn: Dale Murai. Someone will get back to you within 7 days of request receipt.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

<b>Date of Event</b>	
<b>Start and End Time of Event</b>	
<b>Location of Event (list exact address)</b>	
<b>Will the event be held outside or inside?</b>	
<b>Objective of Event</b>	
<b>Characteristics of target audience/participants: (languages spoken)</b>	
<b>How will event be promoted?</b>	
<b>Approximate # participants expected</b>	
<b>What are you requesting?</b>	(Options include a health fair booth, nutrition/physical activity class/workshop; cooking class, nutrition/physical activity education materials, etc)

For further information, contact Alameda County Nutrition Services at 510-595-6454.

**Manager Section:**

**Does this fit in *Network Scope of Work*? YES / NO**

**If YES: Goal \_\_\_\_\_, Objective \_\_\_\_\_, Activity \_\_\_\_\_**

Has Requesting Partner been trained on what is being requested? YES / NO

Is Requesting Partner / Location on *Network* pre-approved site list? YES / NO

If NO, Census Tract Look Up: \_\_\_\_\_

Eligible Census Tract? YES / NO      If YES, Percentages: \_\_\_\_\_

If NO, approved PROXY site: \_\_\_\_\_