



## NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION

PO Box 5069, Kendall Park, New Jersey 08824

### REQUEST FOR ORGANIZATION OR PROGRAM LISTING ON NJLBHA WEBSITE SECTION - "OTHER" LINKS

ORGANIZATION OR GROUP NAME: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRESIDENT/CEO: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

EIN #: \_\_\_\_\_ IRS CATEGORY: \_\_\_\_\_ DATE AWARDED: \_\_\_\_\_

MISSION STATEMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRIEF DESCRIPTION OF SPECIFIC PROGRAM REQUESTING LISTING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO PUBLIC HEALTH AND/OR HEALTHCARE COMMUNITY:

\_\_\_\_\_  
\_\_\_\_\_

PRINT REQUESTOR'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

For Organization Use Only: Date of Approval: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_