**Buddy Horton Excellence in Treatment Award**

**Organizational Nominee Form**

**14th Annual Georgia School of Addiction Studies 2021**

In recognition of accomplishments to the field of treatment in Georgia, the Georgia School of Addiction Studies will present the Buddy Horton Excellence in Treatment Award for an Organization.

The award will be presented at the 2021 Georgia School of Addiction Studies, Thursday afternoon treatment luncheon on September 1, 2021 at Hyatt Regency Hotel in Savannah, Georgia.

Nominations may be made by completing this form. Nomination form(s) must be received in the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Addictive Diseases no later than close of business July 26, 2021. Nomination form(s) must be sent to the attention of Vonshurii S. Wrighten at [Vonshurii.wrighten@dbhdd.ga.gov](mailto:Vonshurii.wrighten@dbhdd.ga.gov) or

Fax # 404-342-7179 or mailed to:

ATTN: GSAS Excellence in Treatment Award Committee

c/o Vonshurii S. Wrighten

Georgia DBHDD Division of Addictive Diseases

2 Peachtree Street, NW, Suite 22-293

Atlanta, GA 30303

**Nomination Criteria**

* Nominee should be active in the addiction treatment field in the state of Georgia.
* The award will be based on the organization’s accomplishments during the past year and general accomplishments in treatment over their organizational existence.
* Winner will be notified prior to luncheon and is required to attend to receive the award.
* The winning agency will receive a scholarship (registration and hotel) to attend next year’s Georgia School of Addiction Studies.
* The person making this nomination will be asked to co-present the award at the Georgia School on September 1, 2021

**Application Instructions/Criteria**

* Complete the following 2 Page form and email, fax, or mail it in by July 26, 2021.
* Responses on form should not exceed the space allowed (2 Pages only)-(3 paragraphs per section)
* Use 12 point font only (preferably Arial or Times New Roman).
* Single spaced acceptable with 1 inch margins.
* No Attachments Accepted.
* Deadline is close of business (5pm) July 26, 2021 (Must be **received** by July 26, 2021 at 5pm **not** post marked by July 26, 2021).
* The person making this nomination will be asked to co-present the award at the Georgia School on September 1, 2021.
* You will receive a reply/notification upon our receipt of the Nomination Form.

**Buddy Horton Excellence in Treatment Award - Organization**

**Nominee Form**

**14th Annual Georgia School of Addiction Studies 2021**

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Name of Nominee/Organization

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Agency/Employer

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Agency/Employer Address City State Zip

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

Home Address (if known) City State Zip

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

Email Address Work Phone Home Phone (if known)

1. **Brief biography**/history of the organization.
2. List organization’s **Accomplishments/Contributions in the Past Year** to the treatment field. (Include a description of the types of treatment activities, the continuity of the activities (i.e. is this a one time activity or ongoing), number of populations reached, materials developed, innovations, outcomes, collaborations, and impact on the community):
3. List of organization’s **Other Accomplishments/Contributions over their past five years** in the treatment field. (Can include their development and implementation of treatment programs/services, a description of their contributions to treatment advocacy, collaboration, professional development, number of populations reached, and service on boards, committees, or coalitions):
4. A summary statement of **why this organization should receive the award**.
5. Organization’s approximate length of time in treatment field: \_\_\_\_\_ years.
6. Is an organization’s representative available on 9/1/21 to receive this award?

Yes No

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

Your Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to attend the treatment luncheon on September 1, 2021?  Yes  No

Please email to: Vonshurii Wrighten, Excellence in Treatment Award Committee at [Vonshurii.wrighten@dbhdd.ga.gov](mailto:Vonshurii.wrighten@dbhdd.ga.gov) or Fax # 404-342-7179 or mailed to:

ATTN: Vonshurii S. Wrighten /Excellence in Treatment Award Committee

Georgia DBHDD Division of Addictive Diseases

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**Application must be received in the office no later than COB July 26, 2021**