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# FRANKLIN COUNTY PHYSICAL ACTIVITY PLAN

## IMPLEMENTING THE PLAN - PARTNER INVOLVEMENT FORM

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

1. I am endorsing the Franklin County Physical Activity Plan as an:

- Individual                       Organization

2. My full name, or the name of my organization or group:

\_\_\_\_\_

3. 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"/> Worksite/Employer           |
| <input type="checkbox"/> Professional Association     | <input type="checkbox"/> Other _____                 |

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

- Yes                       No

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

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

6. I would like to become a member of the Chronic Disease Prevention Initiative

- Yes                       No

### Contact Information

Contact Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_