



Smoke-free Business of the Year Award

April 22, 2009

Dear Business Owner:

Prevention Connections is pleased to announce its 2nd Annual **Smoke-free Business of the Year Award**. We are looking for businesses who have decided to implement a smoke-free/tobacco-free policy for their company and have a genuine concern about the health of staff and their clients or patrons.

Prevention Connections would like to celebrate and honor our Smoke-free Business of the Year for 2009; the award will be presented at The Virginia Tobacco Settlement Foundation's 8th Annual Grantee Training Conference on October 7, 2009 at the Marriott Hotel Downtown in Richmond. Along with the award, a statewide press release will be sent out with information about the company and its efforts to improve the health of citizens.

Last year Prevention Connections honored the **Marriott Newport News** at City Center as its **1st Smoke-free Business of the Year** for its commitment to smoke-free policies that better the health of its patrons and employees.

Attached is the application for the award. Once all applications have been received, the Awards Committee for Prevention Connections will make its recommendations to the Board of Directors and the winning business will be notified.

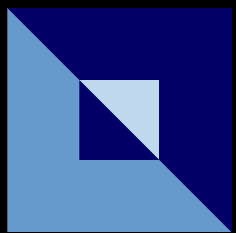
If you would like to discuss the application or its process, please call Rita Angelone 804-371-2589. Applications are due to Prevention Connections no later than 5:00 p.m. August 31, 2009.

Sincerely,

A handwritten signature in black ink that reads 'Neal Graham'.

Neal Graham

Interim Chair, Board of Directors



Improving Health Through Tobacco Use
Prevention and Reduction Activities

2009 Smoke-Free Business of the Year NOMINATION FORM

Name of Nominee Business: _____

Type of Business: _____

Name of Business Representative & Title: _____

Address: _____ City: _____ ZIP: _____

Phone Number: _____ E-Mail: _____

Name of Person Making the Nomination:

Contact Information:

Address: _____

Phone: _____ Email: _____

1. How long has the business been smoke-free? _____

2. What portion of the business is smoke-free? (check all that apply)

Inside Buildings only

Grounds

Vehicles

Other: _____



3. Does the smoke-free policy include a provision for a smoke-free environment within a certain distance surrounding building entrances?

- Yes (list number of feet: _____) No

4. Does the policy address other forms of tobacco such as chewing tobacco or snuff?

- Yes (list: _____) No

5. Does the business offer cessation assistance to its employees through: (check all that apply)

- Health Insurance coverage for smoking cessation products
- On-site classes for smoking cessation
- Reimbursement for smoking cessation classes

6. Describe the factors that influenced the implementation of a smoke-free policy.

7. How does the business promote its smoke-free work environment to employees and customers?

9. Describe any ways in which the business has been active in influencing policy makers and/or businesses on the issue of smoke-free work environments.



10. Other Information: _____

11. Please attach any other information you feel would be helpful for the review committee when considering this nomination. Please limit additional comments to 500 words.

Check here to certify the nominee's business is smoke-free 24 hours a day, 7 days a week.

**Send your completed nomination form and an introductory cover letter to
PREVENTION CONNECTIONS at the address or email below
by August 31, 2009.**

Make sure to keep a copy for your records.

Prevention Connections

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