

# Biggest Winner Community Partner Agreement



Name of Community Partner: \_\_\_\_\_

Location of Community Partner: \_\_\_\_\_

Community Partner Telephone: **(518)** \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

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

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

Please check off which type of activities your agency is willing to sponsor (Mark one or both):

**Portal site**, where neighborhood residents can come to sign up for the contest, pick up informational packets and tip sheets, and turn in their scorecards. As a portal site, the agency agrees to work with the Healthy Hearts on the Hill (HHH) Coalition in:

- ♥ promoting the program;
- ♥ collecting contestant information/scorecards;
- ♥ disseminating contest/health materials to community residents; and
- ♥ forwarding collected scorecards and enrollment information to the Center for Excellence in Aging Services for processing. You can:
  - Mail the information to Eve Kintner, School of Social Welfare, 135 Western Ave., 384 Richardson Hall, Albany, NY 12222; or
  - Call the Biggest Winner Hotline at 518-442-5779 and someone will pick up the scorecards and enrollment information.

**Host site**, where activities related to physical health, nutritional health, and healthcare outreach are held. Examples include **but are not limited to**: hosting a health screening; providing space for exercising; hosting a nutritional meal tasting event; and/or hosting a health related education program.

## Partner Information

The following information will help the HHH Coalition to support your choice to participate in this important outreach program to improve the health of our neighbors.

1) What days of the week and hours would you be available to serve as a portal and/or host site?

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

For single events, please provide us with the name and contact information of the person who will coordinate the activity:

\_\_\_\_\_

2) If serving as a host site, what types of activities would your agency be willing to host?

♥ Healthcare:

- Health screenings
- Health education program
- Other \_\_\_\_\_

♥ Physical Activities:

- Areas where people can exercise independently or in groups (for example, a gym or basketball court area, a place to walk.)
- Guided exercise classes
- Other: \_\_\_\_\_

♥ Nutritional Activities

- Community cooking events using facility kitchen
- Healthy eating class
- Taste testing event
- Other: \_\_\_\_\_

Other activities that would support the Biggest Winner Competition:

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

3) Briefly describe the physical space that will be used for these activities (size, availability of equipment, etc.):

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4) Who will facilitate these activities?

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### Partner Agreement to Participate in the Biggest Winner

I, \_\_\_\_\_, on behalf of \_\_\_\_\_  
\_\_\_\_\_ (organization), agree to participate in the Healthy  
Hearts on the Hill Coalition’s Biggest Winner Contest. My organization will be listed  
as a “Community Partner” in the Informational Packet distributed to the Biggest  
Winner contestants and public press. I agree that we will:

- ♥ Cooperate with the HHH Coalition if we are serving as a portal or host site as indicated in this document;
- ♥ Distribute materials provided by the HHH Coalition in support of the contest; and
- ♥ Adhere to the rules stipulated in the Biggest Winner Contest Rules.

I understand that all Biggest Winner contestants sign a general waiver of liability before participating in the program and that my organization can verify this information and/or require our own liability waiver in addition.