

Date: July 30, 2024

To: All Community Based Substance Abuse Treatment Providers, Family Members, Clients, and Interested Parties

From: Chris Rasmussen, Chair, Behavioral Health Commission

Subject: Nominations for: **The David Lewis Award
Recognizing Outstanding Contributions towards Recovery**

The San Mateo County Behavioral Health Commission (BHC) is seeking nominees for its annual **David Lewis Award – Recognizing Outstanding Contributions towards Recovery**. This honor is made to the individual or organization that has made an extraordinary difference in the lives of people with substance abuse disorders and the San Mateo County community. Recognition is given for public education or advocacy around alcohol and other drug abuse issues or to address stigma; services to persons with substance abuse disorders; creation of new and innovative programs or community support activities; recognition of fundraising for substance abuse treatment activities or long-term financial support to substance abuse programs; working for new legislation; compassionate treatment of persons with alcohol and other drug disorders.

Confidentiality of private information is very important. If you are nominating someone who is in recovery, please be sure that they are comfortable revealing their status.

Awards will be presented to honorees at the San Mateo County Behavioral Health Commission meeting on September 4, 2024. **Deadline for award nominations is August 16, 2024.**

Please e-mail to crochester@smcgov.org or fax your nomination forms to:
San Mateo County BHC
Behavioral Health & Recovery Services
Attn: Chantae Rochester
2000 Alameda de las Pulgas, Suite 235
San Mateo, CA 94403-4324
Fax 650.573.2841

SEPTEMBER IS NATIONAL RECOVERY MONTH

**SAN MATEO COUNTY
BEHAVIORAL HEALTH COMMISSION**

**DAVID LEWIS AWARD
Recognizing Outstanding Contributions towards Recovery
NOMINATION**

DEADLINE FOR NOMINATIONS IS **August 16, 2024**. PLEASE MAIL, EMAIL OR FAX THIS FORM
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I NOMINATE _____ (name)

I BELIEVE THAT THIS INDIVIDUAL OR ORGANIZATION SHOULD RECEIVE AN AWARD BECAUSE:
(Please be as specific as possible. Attach additional sheets or continue on back, if necessary)

NOMINEE'S: ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NOMINATED BY: NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Does the nominee know you have submitted their name? Yes No

FOR FURTHER INFORMATION, CONTACT CHANTAE ROCHESTER (650) 573-2544. FINAL SELECTIONS WILL BE MADE BY A COMMITTEE OF THE BEHAVIORAL HEALTH COMMISSION (BHC). AWARDS WILL BE PRESENTED DURING THE BHC MEETING ON SEPTEMBER 4, 2024. THANK YOU FOR YOUR PARTICIPATION.

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sanmateo.networkofcare.org