



New Jersey Department of Health and Senior Services  
 Office of Minority and Multicultural Health  
 Telephone: 609-292-6962



**“HEALTH EQUITY FOR ALL”  
 2012 CALENDAR**

AGENCY INFORMATION	
Name of Agency	Telephone Number
Name of Agency Contact Person	E-mail Address
Mailing Address	
Are you the Primary Sponsoring Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No    If “No,” identify the primary sponsoring agency in the box below:	
Name of Sponsoring Agency	
Name of Sponsoring Agency Contact Person	Telephone Number
EVENT INFORMATION (One page per event please)	
Program/Project Title	Program Date(s)
Location of Event	Program Time (From/To)
Event Description	
Target Audience/s <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other (Specify): _____ Expected Number of People Attending the Event: _____	
Contact Person for Event	Telephone Number

Email this completed form to: [OMH@doh.state.nj.us](mailto:OMH@doh.state.nj.us)