

*Georgia's Nutrition and Physical Activity Initiative*  
*Take Charge of Your Health, Georgia!*  
Partnership Form

**Goal of the Initiative**

**To prevent and control obesity and other chronic diseases by developing, coordinating, and implementing science-based nutrition and physical activity interventions in partnership with public and private leaders in obesity and chronic disease prevention.**

This initiative, funded through a cooperative agreement with CDC, targets all ages including children, adults, parents/families and seniors. A comprehensive ten year plan has been developed focusing on four evidence-based behaviors for obesity prevention to be addressed in a variety of settings (schools, community, worksites, faith-based organizations, and healthcare): improving healthy eating habits, increasing levels of physical activity, decreasing television viewing/screen time and increasing breastfeeding. The Plan outlines education/skill building, policy and environmental approaches.

**JOIN THE INITIATIVE:**

\_\_\_ I am not able to take part in workgroup meetings, but I want to find out what is going on. Please put me on your e-mail list for the semi-annual newsletter and Task Force updates.

\_\_\_ I am interested in being an active member of **one** of the work groups, which meets quarterly:

- |               |                 |
|---------------|-----------------|
| ___ Community | ___ Faith Based |
| ___ Worksite  | ___ Healthcare  |
| ___ Schools   |                 |

**SUPPORT THE INITIATIVE:**

I/my organization can serve as a link to the initiative and provide the following support:

- \_\_\_ Provide funding or in kind resources (such as meeting space)
- \_\_\_ Provide guidance/expertise/evaluation/review
- \_\_\_ Support implementation or implement a strategy in the plan
- \_\_\_ Other Please specify \_\_\_\_\_

My organization's area of interest and expertise \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Credentials \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Return form by email or fax or for more information contact:**

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