CHAMPIONS for CHANGE
Network for a Healthy California

FRUIT, VEGETABLE, AND PHYSICAL ACTIVITY TOOLBOX FOR COMMUNITY EDUCATORS (TOOLBOX)

ORDERING FORM

*(Limit **two** toolboxes per organization)*

Region: _____ **County:** _____

Contact Information:

First Name	:	
Last Name	:	
Title	:	
Organization	:	
Address 1	:	
Address 2	:	
City, Zip	:	
Phone	:	
Email	:	

I am a: ☐ New Partner ☐ Returning Partner

Partnering with ☐ *Latino Campaign* ☐ *African American Campaign*

Type of Organization:

☐ Community Based Organization (CBO) ☐ Local Incentive Awardee (LIA) – Target Audience: _____

☐ Direct Health Service Provider (DHSP) ☐ Other: _____

Have you received Toolbox training?

☐ Yes ☐ No

If yes — Date of training: _____

By: _____

# of Toolboxes requested: ☐ **One** ☐ **Two**

Delivery Address:

☐ Same as above

☐ Alternate address [Please fill out the box below]

Note: *Additional Toolboxes may be available for purchase through the Network's Cost Recovery/Online Catalog: https://web3.kpcorp.com/v2/com/mod/stdhome/entry.asp?js=1.*

*The Toolbox is distributed through the Latino Campaign and African American Campaign's Regional Coordinators. You must receive Toolbox training before an order can be placed for you. Please fax orders to **916-449-5414**. Please allow 10 – 14 working days to receive your order. Thank you.*

For internal use only

Processed by: Date: