

GO the EXTRA MILE & CEO Pledge - Submission Form

Organization Information			
Organization Name:			
Who Does the Organization Represent:			
Enter Address Below			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Office Phone:			
Website:			
Executive Director Information			
Executive Director:			
Title:		Department:	
Email:			
Work Phone:		Cell Phone:	
Participating Employees Information			
Employee Name:			
Title:		Department:	
Employee Name:			
Title:		Department:	
Employee Name:			
Title:		Department:	
Employee Name:			
Title:		Department:	
Employee Name:			
Title:		Department:	
Employee Name:			
Title:		Department:	
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Participating Employees Information	
Employee Name:	
Title:	Department:
Employee Name:	
Title:	Department:
Employee Name:	
Title:	Department:
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Employee Name:	
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Plan Information			
Total # Staff participating:	Minimum Mileage goal (<i>365 miles per employee</i>):		
Destination Goals (please list below all organizations that your organization is planning to virtually walk to):			
Other goals?			
Has the Executive Director signed the CEO Pledge?	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Has all staff signed CEO Pledge?	Yes <input type="checkbox"/> NO <input type="checkbox"/>
List the six elements below selected from the CEO Pledge criteria that will be implemented in the Plan and describe how they will be met:			
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
What are the incentives: List:			
How will you enforce the plan? Describe:			
How will you advocate your plan and encourage other organizations to participate? Describe:			
What will be the challenges in implementing this plan? Describe:			

**Please complete and save form, and submit to Elizabeth Heintzman,
Legislative Programs Associate, NIHB at lheintzman@nihb.org or fax to 202-507-4071.**



926 Pennsylvania Avenue, SE | Washington, DC 20003 | 202-507-4070 | 202-507-4071 fax | www.nihb.org

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