

The Commonwealth Council on Aging
Best Practices Award Program
Official Program Nomination Form for 2010

(Note: Read all 2010 Best Practices Award Instructions Prior to Completing the Nomination Form)

Please type your information in the space allowed

I. Information about the Nominator (Person nominating this program or project)

Nominator is: (Check appropriate box below)

- Individual
 Agency
 Partnership [list all partners here]

Name: [type here]

Name of Contact Person, if Nominator is an Agency or Partnership:
[type here]

Title: [type here]

Address: [type here]

E-mail: [type here]

Phone: [primary] (primary)

[alternate] (alternate)

Relationship to Nominated Program: [type here]

II. Information about the Nominated Program

Nominee is: (Check appropriate box below)

- Agency
 Partnership

Name of Program: [type here]

Name of Agency or Leader of Partnership: [type here]

Name of Executive Director or CEO: [type here]

Address: [type here]

E-mail: [type here]

Phone: [primary] (primary)
[alternate] (alternate)

III. Brief summary of the program (should be attached)

Please provide a brief description of the program (maximum 1/2 page, double-spaced). If your program wins an award, we will disseminate this summary with your contact information throughout the Commonwealth.

IV. Please provide information about the following components and characteristics of the program (Character limit includes spaces):

- 1) **Community Need and Impact:** How important is the program to the community's overall welfare? What impact did the program have on the quality of life for community residents? How many people have been served or impacted? Is the impact ongoing or one-time-only? Did the program have a multiple impact (benefits to more than one group, organization, client, community, area of interest)? (Please limit your response to **900** characters.)

[Begin typing here]

- 2) **Promotion of Aging in Place:** How does the program promote or support aging in place? Which specific program components or services assist older adults in remaining in their homes and communities for longer and how is this achieved? (Please limit your response to **900** characters.)

[Begin typing here]

- 3) **Quality/Innovation:** Describe the program's unique aspects. How did the idea for this program develop? Was there a creative process in its design or implementation? (Please limit your response to **700** characters.)

[Begin typing here]

- 4) **Inclusiveness:** How was the program developed to be inclusive regarding disability, geographic barriers, race, ethnicity, gender, religion? (Please limit your response to **600** characters.)

[Begin typing here]

- 5) **Goals/Outcomes/Evaluation:** What were the goals/outcomes? Were the goals/outcomes clearly defined prior to implementation? Were the goals/outcomes achieved? What were the results? How were the results measured or evaluated? (Please limit your response to **1,000** characters.)

[Begin typing here]

- 6) **Cost Effectiveness:** Discuss efforts to ensure cost-effectiveness. How has the cost-effectiveness been evaluated, demonstrated, and documented? (Please limit your response to **600** characters.)

[Begin typing here]

- 7) **Sustainability:** How will this program be sustained over the coming years? What plans are in place to assure that the program continues to receive financial support? (Please limit your response to **600** characters.)

[Begin typing here]

- 8) **Lessons Learned:** What was learned that would be helpful to others? If obstacles were encountered, what were they and how were they overcome? (Please limit your response to **700** characters.)

[Begin typing here]

V. Program Budget

Please attach a copy of the program budget.

VI. Anecdotal Story

Also, please attach one anecdotal story (not more than one typed, double-spaced page) about someone who has benefited from the program. You should change the name and personal identifying information to protect the confidentiality of the recipient/client.

Thank you for nominating a program for the Virginia Governor's Commonwealth Council on Aging Best Practice Award. ***No additional materials are necessary.*** If you wish to include letters of support, testimonials, newspaper clippings, brochures, pamphlets, etc., these must be in electronic format or scanned and included as additional attachments to the emailed nomination package. Or, they may be included as paper attachments in the mailed nomination package. In either case these items are not to exceed five additional pages (including brochures & pamphlets).

See the 2010 Best Practices Award Instructions for additional submission guidance.

**All nomination packages must be received by
5:00 PM on Monday, March 15, 2010.**

Email to:
bill.peterson@vda.virginia.gov

Or mail to:
Bill Peterson
Virginia Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

This application may also be completed and submitted at the Virginia Department for the Aging site. The website is www.vda.virginia.gov.