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| SAMPLE NOMINATION FORM – Achievement Citation Category |
| This **sample** form is intended for use in compiling the information needed to submit an online nomination for the **Achievement Citation.**  Entries must be submitted via the online nomination form, which will be available **through December 16, 2022,** at [www.chausa.org/awardnominations](http://www.chausa.org/awardnominations)  **\* Denotes required fields** |
| 1. NOMINEE |
| **Title of Nominated Program, Project or Service** \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Persons are not eligible)*  **Sponsor** *(responsible facility or organization)* \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  | | --- | --- | | Coordinator #1 *\**  *(Person in charge of nominated project)* | Coordinator #2  *(optional)* | | Prefix | Prefix | | First Name \* | First Name | | Middle Initial | Middle Initial | | Last Name \* | Last Name | | Suffix | Suffix | | Job Title \* | Job Title | | E-mail \* | E-mail | | Phone \* | Phone | | Mobile | Mobile | | Fax | Fax | | Company \* | Company | | Address \* | Address | | City \* | City | | State/Province \* | State/Province | | Postal Code \* | Postal Code | | Country \* | Country | |
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| 2. PROGRAM SUMMARY |
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| **Start Date** *\** (mm/dd/yyyy)  *(Program must have been operating for a minimum of* ***two years as of July 1, 2022)***  **Program Objectives**  a) Needs the program addresses \*  Maximum Word Count: 100 |
| b) Goals of Program \*  Maximum Word Count: 100 |
| **Target Audience**  Population(s) served by the program \*  Maximum Word Count: 100 |
| **Collaborative Partners**    List collaborative partners, if any, such as Catholic social services, education and/or parishes.  Maximum Word Count: 100 |
| **Financial Synopsis**  a) Start-up funding: \* $ (*numeric characters only)*  b) Current operating budget: \* $ (*numeric characters only)*  c) Sources of funding \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maximum Word Count: 100  d) Number of staff: \*  (*numeric characters only)*  e) Number of clients: \*  (*numeric characters only)*  f) Comments *(optional)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maximum Word Count: 200 |

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| 3. NOMINATION CRITERIA | |
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**Innovation** \*

This award recognizes an original, bold and creative program or service that exemplifies the ministry's commitment to carry on Jesus' mission of compassion and healing. Explain what makes this program/service so unique and why it is considered enterprising. Provide quantitative measures of outcomes where applicable.

Maximum Word Count: 400

**Role of Sponsoring Organization** \*

*(Must be a CHA member)*

Explain the nature of the sponsoring organization's influence on, participation in and/or support of this program.

Maximum Word Count: 200

**Impact** \*

Describe ways this program has made a difference: how it engaged the clients/community, its influence on health status, etc. Focus on specific outcomes and provide quantitative measures.

Maximum Word Count: 400

**Inspiration** \*

Explain how this program is an inspiration to the sponsoring organization, the people it serves, the community and others. Inspirational stories of cases are encouraged.

Maximum Word Count: 400

**Replication** \*

Describe how this program or service could be replicated elsewhere. Identify the needed resources, expertise, environmental conditions, etc.

Maximum Word Count: 200

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| 4. NOMINATION SUBMITTED BY |
| You are logged into the CHA website as \_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_@\_\_\_\_\_) and will serve as the initial point of contact for notification about this nomination. |

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| 5. CERTIFICATION |
| 1. \*  *(name of CEO)*, the CEO of \*  *(name of responsible facility or organization)*, is aware of this nomination and agrees to allow CHA to publish any of the information in this nomination. Should this program be selected for the Achievement Citation, the responsible facility or organization agrees to cooperate fully in providing material and access for video production and promotion purposes.     2. The program is available for replication within CHA’s membership, without charge or restriction by trademark, copyright, franchise or license agreement. Also, the responsible facility or organization is willing to assist in replication of the program. |
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| **Submission Tip** |
| We recommended you **type the information for each of the above sections in a Word document and save it, then copy and paste each section into the online form,** which will be available at [www.chausa.org/awardnominations](http://www.chausa.org/awardnominations) through **December 16, 2022.** Once you have submitted your entry online, you will ***not*** have the option to retrieve and modify it. |