Please read the “2023 Best Practices Award Instructions” prior to completing this form.

##### I. Information about the Nominated Program

***Nominee is:*** (Check appropriate box below)

Agency

Partnership

Re-nomination (If this program was submitted in the past, provide a brief statement (< 150 characters including spaces) of changes or enhancements since the last submission. Previous award recipients may not submit an application for the same program.)

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| [Begin typing here] |

***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)

#### II. 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]

**III. Summary of the program**

Please provide a description of the program (maximum 250 words). If your program wins an award, we will disseminate this summary with your contact information throughout the Commonwealth.

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| [Begin typing here] |

**IV. Please provide information about the following components and characteristics of the program:**

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, including spaces.)

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1. **Concept of “Aging in the Community”:** How does the program promote or support “Aging the Community”, foster services in Livable Communities and/or Home and Community Based Supports (HCBS)? 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, including spaces.)

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1. **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, including spaces.)

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| [Begin typing here] |

1. **Inclusiveness:** How was the program developed to be inclusive regarding disability, geographic barriers, race, ethnicity, culture, language, gender, religion, sexual orientation, and gender identity? Describe your outreach to the community. What is the program audience? (Please limit your response to **600** characters, including spaces.)

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1. **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, including spaces.)

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1. **Cost Effectiveness/Sustainability:** Include a list of the following program budget expenses (not agency expenses): personnel (salary and benefits), travel, equipment, other supplies and materials, administrative, and contractual (if contractual, explain). 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? How has the cost-effectiveness been evaluated, demonstrated, and documented? (Please limit your response to **1,000** characters, including spaces.)

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| [Begin typing here] |

1. **Potential for Replication:** What was learned that would be helpful to others? Include explanations of changes or lessons learned during the program that could positively impact the program in the future. Address resources and timing issues associated with replicating the program. (Please limit your response to **700** characters, including spaces.)

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| [Begin typing here] |

**V. 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.

***Incomplete applications will not be considered. Please check below that you have provided all required information:***

I. Information about the Nominated Program

II. Information about the Nominator

III. Program Summary

IV. All information about the Components of the Program:

Community Need and Impact

Concept of “Aging in the Community”

Innovation

Inclusiveness

Goals/Outcomes/Evaluation

Cost Effectiveness/Sustainability

Potential for Replication

V. Anecdotal Story

Thank you for nominating a program for the Commonwealth Council on Aging’s Best Practices 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. **These items are not to exceed five additional pages (including brochures & pamphlets).**

See the 2023 Best Practices Award Instructions for additional submission guidance.

**All nomination packages must be received by**

**5:00 PM on Wednesday, March 1, 2023.**

Email to: [bestpracticesawards@dars.virginia.gov](mailto:bestpracticesawards@dars.virginia.gov)

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*We thank Dominion Energy and AARP Virginia for their generous contribution, which allows the Commonwealth Council on Aging to recognize organizations for their dedication and work in advancing services for older adults.*