**Please carefully review the 2025 Best Practices Award Instructions prior to completing this form. In preparing the nomination form, define any industry-specific terms or acronyms and make sure the usage of such terms and acronyms is clear.**

##### 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 or honorable mention recipients are not eligible to be considered for the 2024 awards.)

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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

#### This should be the individual nominating the 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. Program Summary**

Please provide a description of the program. Descriptions should have a maximum of 250 words. If your program wins an award or honorable mention, staff will use this summary, subject to revisions, to disseminate information on the winning programs via the Council’s website.

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**IV. Program Relevance**

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 multiple impacts (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 healthy aging in the community, livable communities, and/or home and community-based supports? 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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1. **Inclusiveness:** How was the program developed to be inclusive regarding disability, geographic barriers, race, ethnicity, culture, language, gender, religion, sexual orientation, or gender identity? Describe your outreach to the community. What is the program audience?

Please limit your response to **900** 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?How were the results measured or evaluated? What were the results?

Please limit your response to **900** characters, including spaces.

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1. **Cost Effectiveness/Sustainability:**
	1. Part 1: Identify and include a list of program (not agency) expenses. Budget information should reflect all costs incurred or contributed to the program’s implementation. In developing the list of expenses, consider the following: personnel (salary and benefits), travel, equipment, supplies and materials, administrative or indirect fees, and contractual costs. Identify any volunteer or other in-kind contributions that supported the program’s implementation.
	2. Part 2: How will this program be sustained in the coming years? What efforts are underway or what plans are in place to assure that the program continues to receive financial support? How will the ongoing cost-effectiveness be evaluated, demonstrated, and documented?

Please limit your response to **900** characters, including spaces.

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| [Begin typing here] |

1. **Potential for Replication/Scalability:** Use this space to make the case for the program’s replicability or scalability to other parts of Virginia or beyond. Also document the program’s “after action report” or lessons learned. What worked and what did not work? What was learned during or after the program’s implementation that could positively impact the program in the future or would be informative to other organizations who may be interested in replicating the program?

Please limit your response to **700** characters, including spaces.

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| [Begin typing here] |

**V. Anecdotal Story**

Attach one anecdotal story (< one page) about someone who has benefited from the program. Do not include identifying information to protect the confidentiality of the program participant or client.

**FINAL NOMINATION CHECKLIST**

**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. Program Relevance:

[ ]  Community Need and Impact

[ ]  Concept of Aging in the Community

[ ]  Innovation

[ ]  Inclusiveness

[ ]  Goals/Outcomes/Evaluation

[ ]  Cost Effectiveness/Sustainability

[ ]  Potential for Replication/Scalability

[ ]  V. Anecdotal Story

**Optional Supplemental Materials**: No additional materials are required, however, if you wish to include supplemental materials, such as letters of support, testimonials, newspaper clippings, brochures, and pamphlets, these must be in electronic format and included as additional attachments to the emailed nomination package. **Supplemental materials must not exceed five additional pages.**

**SUBMISSION DEADLINE**

**All nomination packages must be received by 5:00 PM on Wednesday, February 12, 2025 via e**mail to: bestpracticesawards@dars.virginia.gov

Thank you for nominating a program for the Commonwealth Council on Aging’s Best Practices Award!

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