

Application code: _____

AHCA/NCAL
2009 NOT-FOR-PROFIT PROGRAM OF THE YEAR
NOMINATION FORM

SECTION 1

Facility Being Nominated: _____

Program Name: _____

Facility Type: ___SNF/NF ___AL ___ DD facility ___ CCRC

Facility Contact: _____

Title _____

Address _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Nominator: _____

If information is the same as above (due to self-nomination), check here: _____

Otherwise:

Nominator and Company name, or State affiliate: _____

Nominator's Title: _____

Nominator's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Office Phone or Cell: _____

Email Address: _____

Eligibility Criteria

All entries must meet the following criteria:

- Nominations must come from member facilities in good standing (nursing, assisted living/residential care, DD residential services, etc.) or the state affiliate;
- The program must have been in place for at least one year;
- Letters of support must accompany the nomination (see Section 3);
- Nominations must be **typed and received** at AHCA/NCAL by **Friday, July 3, 2009**;
- Handwritten applications will **not** be reviewed; and
- To assure applicant anonymity during the review process, plain white paper must be used. **Company letterhead will not be accepted.**

Selection Criteria

A panel of judges will rank the Not-for-Profit facility's community benefit program based on the following criteria¹:

- How the program responds to a community need.
- How the program meets at least one of the basic community benefit objectives:
 - a. Improving the health of the community;
 - b. Increasing access to health care;
 - c. Increasing knowledge through professional education or research;
 - d. Relieving the burden on government or other non-profit organization(s).
- Uniqueness of the community benefit program.
- How the program involves working in partnership with other individuals and/or groups in the community.
- Evidence of the program's effectiveness and continued need.
- How community benefit influences the mission statement, budget and strategic plan.
- Board of Directors involvement in reviewing the community benefit plan.

¹ Adapted from the Catholic Health Care Association's "Guide for Planning and Reporting Community Benefit"

Recognition of Honorees

To show Not-for-Profit facilities that we, as a profession, appreciate how their community benefit programs support long term care residents and the community at large, AHCA/NCAL will conduct an awards presentation during our annual convention. As part of the recognition process, AHCA/NCAL will invite a representative **who directly administers the program** and one guest to participate in convention activities.

SECTION 2

Responses must be TYPED and either answered below or on an separate, blank (no letterhead) sheet of paper.

I. Please provide the following information about the community benefit program:

A. Length that the program has been in place: _____ years

B. Description of the population served (approx. 50 words):

C. Description of the program (approx. 50 words):

D. Description of the roles of who administers and staffs the program (approx. 50 words):

II. Please respond to the following specific questions:

A. How does the program respond to a community need? (approx. 50 words):

B. What basic community benefits are met by the program? (See second bullet under selection criteria; approx. 200 words):

C. How is the program distinctive per a community needs assessment? (approx. 50 words):

D. How does the program foster partnerships in the community? (approx. 50 words):

E. How has the program proven to be effective and still needed? (approx. 50 words):

F. How does community benefit, in general, influence the facility's mission statement, budget and strategic plan? (approx. 50 words):

G. How is the Board of Directors involved in reviewing the community benefit plan? (approx. 50 words):

III. In no more than 200 **TYPED** words, explain what makes the community benefit program special. Use the following questions as a guide:

A. How does the program improve the lives of community members outside of the long term care setting?

B. How does it enrich the lives of residents?

C. How are facility leaders and staff held accountable for meeting the program's goals?

SECTION 3

Submit three, **TYPED**, one-page letters of reference that support the nominated program. Letters must be from the following individuals:

- 1) A member of the facility's Board of Directors;
- 2) A community leader; and
- 3) A program beneficiary in the community.

These references should address the following characteristics of the nominated program:

- How the program meets a community need and improves the lives of beneficiaries;
- Effectiveness of program administration;
- Dedication of program staff and volunteers; and
- General feedback.

Please e-mail applications to Melissa Temkin, Director of Membership and Regulatory Relations at mtemkin@ahca.org or mail them to:

The American Health Care Association

Attn: Melissa Temkin

1201 L Street, N.W.

Washington, D.C. 20005

For questions, Melissa Temkin can be reached at 202-898-2822 or mtemkin@ahca.org.

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