Application code: ________

AHCA/NCAL
2010 NOT-FOR-PROFIT COMMUNITY BENEFIT PROGRAM
OF THE YEAR NOMINATION FORM

SECTION 1

Program Being Nominated: ____________________________________________

Facility or Foundation Name: ___________________________________________

Facility Type: _____SNF/NF _____ALF _____ DD facility _____ CCRC

Facility/Foundation 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:

Company name or State affiliate:____________________________________________

Nominator’s Title: __________________________________________________________

Nominator’s Signature: _______________________________________________________

Address:__________________________________________________________________

City:________________________ State:__________________    Zip: _______________

Telephone Number:________________________________________________________

Email Address: _____________________________________________________________
Eligibility Criteria

All entries must meet the following criteria:

- Nominations must come from one of the following: 1) AHCA/NCAL member facilities in good standing (nursing, assisted living/residential care, DD residential services, etc.) OR 2) the foundation of a member facility in good standing, OR 3) 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, June 18, 2010**;
- Handwritten applications will **not** be reviewed; and
- To assure applicant anonymity during the review process, plain white paper must be used. **Company or foundation letterhead is not acceptable.**

Selection Criteria

A panel of judges will rank the Not-for-Profit facility’s or foundation’s community benefit program based on the following criteria:\(^1\):

- 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.

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\(^1\) Adapted from the Catholic Health Care Association’s “Guide for Planning and Reporting Community Benefit”
Recognition of Honorees

To show Not-for-Profit facilities and foundations 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 a 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 the community benefit program, 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/foundation 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 or foundation’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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