

AHCA/NCAL
2011 NOT-FOR-PROFIT FACILITY OF THE YEAR
NOMINATION FORM

SECTION 1

Facility Name: _____

Facility Type: ____SNF/NF ____ALF ____ 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:

Company name, State affiliate or Foundation: _____

Nominator's Title: _____

Nominator's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Objective

To show NFP facilities that we, as a profession, appreciate how their innovative facility services, community benefit programs, and overall mission based operations improve the quality of life of residents and the community at large.

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;
- Specify if the nomination is for services/programs provided to facility residents and/or for the facility's community benefit program (see Section 2);
- Letters of support must accompany the nomination (see Section 3);
- Nominations must be **typed and received** at AHCA/NCAL by **Monday, June 27, 2011**; and
- Handwritten applications will **not** be reviewed.

Selection Criteria

A panel of judges will evaluate the NFP facility based on:

- 1) Resident care services/programs; or
- 2) Community benefit program; or
- 3) BOTH

1) If the facility is nominated for its resident care services/programs:

- How facility services/programs improve the quality of life of residents.
- Uniqueness of services/programs
- How facility services/programs meet the organization's mission and influence the budget and strategic plan.
- Board of Directors involvement in reviewing facility services/programs.

2) If the facility is nominated for its community benefit program¹:

- 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;

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

- 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.

3) If the organization is being nominated for BOTH its resident care services/programs and its community benefit program, it will be judged based on all the criteria above.

Recognition of Honorees

AHCA/NCAL will conduct an awards presentation during our annual convention. As part of the recognition process, AHCA/NCAL will invite a representative from the facility and one guest to participate in convention activities.

SECTION 2

Responses must be TYPED and either answered below or on a separate sheet of paper.

I. If the facility is nominated for its resident care services/programs, please answer the following:

A. Number of years the facility has been in operation: _____ years

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

C. What is special/unique about the services/programs that your facility offers to its residents? (approx. 50 words):

D. How do the facility’s services/programs improve residents’ quality of life? Please share examples. (approx. 50 words):

E. What is your facility’s mission and vision statement?

F. Explain how your facility’s services/programs align with your mission and vision statement. (approx. 50 words):

G. How do the facility’s services/programs influence its budget and strategic plan? (approx. 50 words):

H. How is the Board of Directors involved in reviewing services and programs for residents, as well as overall operations? (approx. 50 words):

II. If the facility is nominated for its community benefit program, please answer the following:

A. Name of the program: _____

B. Length of time the program has been in place: _____ years

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

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

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

F. Please respond to the following specific questions:

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

ii. What basic community benefits are met by the program? (See #2, second bullet under selection criteria; approx. 200 words):

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

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

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

G. What is the facility's mission and vision statement? _____

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

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

III. If the organization is being nominated for both its facility services/operations AND community benefit program, please answer all questions listed under I and II.

- IV.** In no more than 200 **TYPED** words, expand on why your facility is so special. Use the following questions as a guide (some of these may not apply, depending on what the facility is nominated for):
- a. How do facility services/programs and overall operations enrich the lives of residents?
 - b. How are facility/foundation leaders and staff held accountable for meeting the facility's goals for resident services and programs?
 - c. How does the community benefit program improve the lives of community members outside of the long term care setting?
 - d. How are facility/foundation leaders and staff held accountable for meeting the community benefit program's goals?

SECTION 3

- 1) Submit three (3), **TYPED**, one-page letters of reference that support the nominated facility. One letter must be from a member of the facility's or foundation's Board of Directors.

The other two (2) letters may be from the following individuals:

- a. A community leader;
- b. A program beneficiary in the community;
- c. A resident;
- d. A resident's family member

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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