



## MEMORANDUM

**TO: Community Action Agencies**

**Date: February 28, 2015**

**From: Conference Committee**

**Subject: Guidelines for 2015 Awards  
Parent of the Year and Volunteer of the Year**

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As in the past the Maryland Community Action Partnership will honor Parents and Volunteers of the Year at the Annual Training Conference, along with other special awards that will be decided upon by the conference committee.

We encourage all agencies to purchase full ads to congratulate your nominations and award recipients. Funds generated from the ads will help pay the cost of the souvenir booklet.

The guidelines are featured below for Parent and Volunteer. Please submit the name(s) and a brief summary write-up about the individual/s that your organization is nominating so that the nominee can be included in the conference booklet.

- Only one entry/nomination can be submitted from each Head Start Program for Parent of the Year.
- Only one entry/nomination can be submitted from each Community Action Agency for Volunteer of the Year.
- Please provide a summary write-up with specific details regarding the nominee and why he or she was selected. All write-ups must be no more than **100 words**. **If the write-up exceeds 100 words it will not be included in the conference book.** The form is available on the website and attached to this document.
- All forms must be submitted **electronically** on or before March 30, 2015. If the information regarding your agency nominee is received after this date, the nominee's information will not be included in the conference book.
- Submit all completed forms via email to Sandra Sims at [csims@maryland-cap.org](mailto:csims@maryland-cap.org) and Sandra A. Gammons at [sgammons@maryland-cap.org](mailto:sgammons@maryland-cap.org).



**MARYLAND COMMUNITY  
ACTION PARTNERSHIP**

**Annual Human Services Conference  
Celebrating  
“Innovation: Changing with Time”  
May 12 – 14, 2015**

**Parent of the Year  
Submission Form**

Head Start Programs please complete the information requested below about your agency’s Parent of the Year and submit the form electronically via email on or before March 30, 2015.

**Date you completed this form:** \_\_\_\_\_

Parent of the Year Nominee: \_\_\_\_\_

**Please PRINT and check the spelling of the name before submitting this form.**

Name of the Agency: \_\_\_\_\_

**Please PRINT the Full Name of the Agency – No abbreviations please.**

Name of the contact person submitting this form: \_\_\_\_\_

**How can you be reached?**

Telephone number: (\_\_\_\_\_) Fax Number: (\_\_\_\_\_)

Email Address: \_\_\_\_\_

Please cite the outstanding work and/or major accomplishment in 100 words or less about your nomination. Use the box below to complete your submission.

**This is a test of the number of words to be placed in this box. All over 100 words that exceed the length of the accomplishments by the candidate will not be included in the souvenir book. The number of words total in this box is the exact number of words that will be accepted.**



**MARYLAND COMMUNITY  
ACTION PARTNERSHIP**  
**Annual Human Services Conference**  
**Celebrating**  
**“Innovation: Changing with Time”**  
**May 12 – 14, 2015**

## **Volunteer of the Year Submission Form**

Community Action Agencies please complete the information requested below about your agency's Volunteer of the Year and submit the form electronically via email on or before March 30, 2015.

**Date you completed this form:** \_\_\_\_\_

**Volunteer of the Year Nominee:** \_\_\_\_\_  
**Please PRINT and check the spelling of the name before submitting this form.**

**Name of the Agency:** \_\_\_\_\_  
**Please PRINT the Full Name of the Agency – No abbreviations please.**

**Name of the contact person submitting this form:** \_\_\_\_\_

### **How can you be reached?**

**Telephone number:** (\_\_\_\_\_) **Fax Number:** (\_\_\_\_\_)

**Email Address:** \_\_\_\_\_

Please cite the outstanding work and/or major accomplishment in 100 words or less about your nomination. Use the box below to complete your submission.

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## MARYLAND COMMUNITY ACTION PARTNERSHIP

Human Services Conference Celebrating  
"51 Years of Changing Lives"  
May 12 – 14, 2015

### Legacy/Lifetime Achievement Award

**Instructions:**

Community Action Agencies please complete the information requested below about your Legacy/Lifetime Achievement Award nominee and submit the form electronically via email on or before April 20, 2015.

- Only one entry/nomination can be submitted from each Community Action Agency for the Legacy/Lifetime Achievement Award.

**Date you completed this form:** \_\_\_\_\_

**Legacy/Lifetime Achievement Award Nominee:** \_\_\_\_\_

**Please PRINT and check the spelling of the name before submitting this form.**

**Name of the Agency:** \_\_\_\_\_

**Please PRINT the Full Name of the Agency – No abbreviations please.**

**Name of the contact person submitting this form:** \_\_\_\_\_

**How can you be reached?**

Telephone Number: ( \_\_\_\_\_ )      Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

**Description:** The Legacy/Lifetime Achievement Award recognizes an individual who has achieved heroic stature through a lifetime of dedication to community action. This honoree demonstrates a passion for helping their communities and building a solid foundation that is well recognized as an empowerment tool in the community.

Legacy/Lifetime Achievement Award Criteria:

- 25 years, or more, of sustained service to CAA;
- An established history of distinguished service;
- Positively influenced CAA's on a state, or national level;
- Exhibited leadership and provided inspiration to others in the sector;
- Made a lasting contribution to CAA practice;
- General acknowledgement as having reached a pinnacle of their profession or industry.

Explain/Describe why the nominee should receive the Award for 2015. How has the nominee demonstrated leadership and innovation and provided community involvement.

Please cite in 250 words or less about your nomination. Use the box below to complete your submission.

**This is a test of the number of words to be placed in this box. All over 250 words that exceed the length of the accomplishments by the candidate will not be included in the souvenir book. The number of words total in this box is the exact number of words that will be accepted.**



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### Partnership Award

**Instructions:**

Community Action Agencies please complete the information requested below about your Partnership Award nominee and submit the form electronically via email on or before April 20, 2015.

- Only one entry/nomination can be submitted from each Community Action Agency for the Partnership Award.
- One award from Maryland, Delaware, & DC

**Date you completed this form:** \_\_\_\_\_

**Partnership Award Nominee:** \_\_\_\_\_

**Please PRINT and check the spelling of the name before submitting this form.**

**Name of the Agency:** \_\_\_\_\_

**Please PRINT the Full Name of the Agency – No abbreviations please.**

**Name of the contact person submitting this form:** \_\_\_\_\_

**How can you be reached?**

Telephone Number: ( \_\_\_\_\_ )      Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

**Description:** The Partnership Award recognizes outstanding partners to the community action agencies. Recipients have shown exemplary leadership by facilitating partnerships with public, private, and nonprofit leaders who are working together as equal partners, not as donors and recipients, to build a cohesive community that serves as a model for collaborating with others for the greater good.

**Partnership Award Criteria:**

- A vendor, partner or individual who has provided excellent service who has a formal or informal written agreement with their CAA;
- Worked with CAA for two (2) or more years

Explain/Describe why the nominee should receive the Award for 2015. How has the nominee demonstrated leadership and innovation and provided community involvement. Please cite in 250 words or less about your nomination. Use the box below to complete your submission.

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# Community Advocate

### Instructions:

Community Action Agencies please complete the information requested below about your Community Advocate Award nominee and submit the form electronically via email on or before April 20, 2015.

- Only one entry/nomination can be submitted from each Community Action Agency for the Community Advocate Award.

**Date you completed this form:** \_\_\_\_\_

**Community Advocate Award Nominee:** \_\_\_\_\_  
Please PRINT and check the spelling of the name before submitting this form.

**Name of the Agency:** \_\_\_\_\_  
Please PRINT the Full Name of the Agency – No abbreviations please.

**Name of the contact person submitting this form:** \_\_\_\_\_

### How can you be reached?

Telephone Number: ( \_\_\_\_\_ )      Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

**Description:** Our annual Community Advocate Award honor individuals and organizations who are creating positive change in the lives of low-income individuals and embodies the spirit of MCAP's mission.

### Community Advocate Award Criteria:

- Faith Based Leader, Political Leaders, and/or State Official;
- Diverse stakeholders participate in planning and decision-making efforts aimed at improving the lives of low-income individuals;
- Created, developed or implemented projects that identify and address the community's priority low-income individuals' concerns;



- Project has significantly improved the community quality of life.

Explain/Describe why the nominee should receive the Award for 2015. How has the nominee demonstrated leadership and innovation and provided community involvement.

Please cite in 250 words or less about your nomination. Use the box below to complete your submission.

**This is a test of the number of words to be placed in this box. All over 250 words that exceed the length of the accomplishments by the candidate will not be included in the souvenir book. The number of words total in this box is the exact number of words that will be accepted.**



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# Extraordinary Educator Award

### Instructions:

Community Action Agencies please complete the information requested below about your Extraordinary Educator Award nominee and submit the form electronically via email on or before April 20, 2015.

- Only one entry/nomination can be submitted from each Community Action Agency for Extraordinary Educator Award.
- One award from Maryland, Delaware, & DC

Date you completed this form: \_\_\_\_\_

Extraordinary Educator Award Nominee: \_\_\_\_\_

Please PRINT and check the spelling of the name before submitting this form.

Name of the Agency: \_\_\_\_\_

Please PRINT the Full Name of the Agency – No abbreviations please.

Name of the contact person submitting this form: \_\_\_\_\_

### How can you be reached?

Telephone Number: ( \_\_\_\_\_ )      Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

**Description:** Extraordinary Educator Award is to recognize a teacher who has made exemplary and innovative contributions to the education of students.

Extraordinary Educator Award Criteria (select one category):

- The educator/outreach teacher increases public awareness about the importance of community action.
- The educator/outreach teacher improves access to information about community action.
- The educator/outreach teacher successfully reaches the intended targeted audience.

Explain/Describe why the nominee should receive the Award for 2015. How has the nominee demonstrated leadership and innovation and provided community involvement. Please cite in 250 words or less about your nomination. Use the box below to complete your submission.

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# Special CAA Practitioner Award *For Executive Directors*

### Instructions:

Please complete the information requested below about your Special CAA Practitioner Award nominee and submit the form electronically via email on or before April 20, 2015.

- Only one entry/nomination can be submitted per each CAA.

Date you completed this form: \_\_\_\_\_

Special CAA Practitioner Award Nominee: \_\_\_\_\_

Please PRINT and check the spelling of the name before submitting this form.

Name of the Agency: \_\_\_\_\_

Please PRINT the Full Name of the Agency – No abbreviations please.

Name of the contact person submitting this form: \_\_\_\_\_

### How can you be reached?

Telephone Number: ( \_\_\_\_\_ ) Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

**Description:** The Special CAA Practitioner Award is the most prestigious award for long standing Executive Directors who have actively worked in the community action agency network in various capacities, thus empowered individuals to serve and lead in their communities, amplifying their impact through a vast network of partners, mentees, and volunteers.

Special CAA Practitioner Award Required Criteria:

- 35 years or more of combined service as a practitioner to community action agencies (experiences may include: employment, consultant, board member, policy counsel/advisory board, etc.)
- Must be a current Executive Director and a current member of MCAP.

Dates of experience(s): \_\_\_\_\_  
\_\_\_\_\_