

Community Partner Award

The Community Partner Award seeks to recognize the outstanding contribution of an organization/agency that has made considerable efforts to partner and collaborate with specialized geriatric service (SGS) providers in the Central East Region. This organization/agency demonstrates a commitment to improving the system of care for seniors and their care partners.

Nominations Open:	Friday, April 30, 2021
Nominations Deadline:	Monday, May 31, 2021 by 11:59 p.m.

The Award will be presented virtually in the month of June.

You may submit your nomination by email. Nominations must include:

- Completed nomination form

You may choose to include a letter of support (max. 1) with your submission, but this is not required. Award nominees and recipients often enjoy hearing the nice things their colleagues have to say about them.

Email: Please email your nomination form and supporting materials to seniorscarenetwork@gmail.com. In the subject line, please state "Partner Award Nomination."



Important Notes:

- Nominations can only be assessed based on the information provided in the nomination form and the two letters of support.
- Incomplete nominations will not be accepted.
- If a nomination does not meet the requirements outlined above, the nominator will be notified.
- Please do not send supporting documents separately from the nomination form. The entire nomination package (as outlined above) should be sent together in a single email.
- Upon closing of the nomination period, nominees will be notified of the nomination, and who nominated them.
- Seniors Care Network reserves the right to cancel the award in the event that insufficient nominations are received by the deadline.



Nomination Form

**Please complete all fields and ensure the nominee name is spelled correctly. This is how the name will appear in all written award materials.*

Nominee Information: *(the organization/agency being nominated for the award)*

Organization/Agency Name			
Organization Contact: <i>(person who will be notified of the award)</i>			
First Name		Last Name	
Job Title/Position			
Address:			
Street Number	Street Name	City	Postal Code
Telephone Number		Email Address	
Which Central East community does this organization/agency serve?:			



Nominator Information: *(the person who is making this nomination)*

First Name		Last Name	
Profession			
Organization		Job Title/Position	
Address:			
Street Number	Street Name	City	Postal Code
Telephone Number		Email Address	



A) Please describe the nominee's achievements in detail, including why they are deserving of this award (maximum 250 words):

B) How long and in what capacity have you worked with the nominee? (maximum 100 words):

