



Nomination Application for the

2017 Archstone Foundation Award for Excellence in Program Innovation

(Cover Sheet)

**Nominator Name:**       **Title:**

**Organization:**

**Address Line 1:**

**Address Line 2:**

**City:** **State:**       **Zip:**

**Contact Telephone:** **(     )      -** **E-mail:** **@     .**

**Contact Information for the program being nominated:**

**Name of Organization:**

**Address Line 1:**

**Address Line 2:**

**City:** **State:**       **Zip:**

**Telephone:** **(****)****-** **Fax:** (     )     -

**Primary Contact Person:**       **Title:**

**Contact Telephone:** **(****)** **-** **E-mail:** **@****.**

**Program Title:**

**Check List: The following information must accompany this cover sheet:**

**\*Two single-space typed pages**

|  |  |
| --- | --- |
|  | 1. Description of the problem being addressed; |
|  | 2. Description of the population served; |
|  | 3. Description of the program design and rationale; |
|  | 4. Statement of the program’s goals and objectives; |
|  | 5. Description of partnerships / collaborations; |
|  | 6. List of committed resources; |
|  | 7. Achievements to date (specifically measurable benefits and outcomes); |
|  | 8. Replication strategy; and |
|  | 9. Dissemination strategy of the activities to date. |