



Nomination Application for the

Archstone Foundation Award for Excellence in Program Innovation

Cover Sheet

**Nominator Name:**       **Title:**

**Organization1:**

**Address Line 1:**

**Address Line 2:**

**City:** **State:**       **Zip:**

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

**How did you hear about the award?**

**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:**

**Before starting your application process, please answer the following questions:**

* Has the nominated program been around for more than 10 years?
* Has the nominated program received any other national awards or recognition in the past 5 years?

- If you answered “YES” to either one of the questions above, your program does not qualify for the award.

**Check List: The following information must be included in your application: (Maximum six single-space typed pages)**

1. **Description of the public health problem being addressed\***:
2. **Description of the population served2** including:
* How does the program benefit adults **65 and older**?
* Does it serve low-income and/or ethnically diverse adults **65 and older**?
1. **Description of the program design and rationale to include the following\***:
* What makes this program unique or special?
* How does the program address unmet public health need?
* Does it build upon research? If so, how?
* Have similar projects been done before?
* Is it a replication of an already established program?
* How was the project planned and implemented?
* Is this an evidence-based program?
1. **Statement of the program’s goals and objectives**:
2. **Description of partnerships / collaborations**:
* How does the program include local, statewide, and/or national partners such as community-based organizations, the aging service network, government departments (e.g. public health, healthcare, human services) and/or others?
1. **List of committed resources from your organization and your partners**:
2. **Achievements to date include:**
* Measurable program outcomes, benefits, and public health impact. Please include any **quantitative** and qualitative evidence to support your statements.
* The scope or scale of the program with respect to systems change.
* Number of older adults impacted.
1. **Replication strategies include\*:**
* Could this program be duplicated?
* What are the challenges in duplicating this program?
* Describe any lessons learned that can serve as a guide for others attempting to achieve a similar goal.
1. **Dissemination strategy and activities to date**:
* Do you have a broad plan (local, state, or national and stakeholders) for dissemination? If so, please describe and include your progress to date.
* If not, please describe your plan for sharing or disseminating information about your program to date.

1 Eligible organization should be US-based and hold not-for-profit status

2 Eligible program should target and show significant impact for 65 and older adults population

\* Please note that these sections will be weighted more heavily by reviewers.