## **APPLICATION FORM**

## Eligibility Checklist:

To confirm your eligibility, please put a checkmark to all of the following:

- 1. The Association submitting this application:
- \_\_\_\_ is responsible for the project/program.
- \_\_\_\_ is a registered with SEC as a non-profit organization.
- \_\_\_\_\_ is entering only one nomination for one project or program.
- 2. The project or program:
- \_\_\_\_ was implemented or still ongoing not before 2014.
- \_\_\_\_\_ furthers the mission of the Association.
- \_\_\_\_ has specific and measurable outcomes.
- \_\_\_\_\_ exemplifies innovation by demonstrating a "new dimension of performance."
- \_\_\_\_ has made a difference in the lives of people.
- \_\_\_\_\_ serves as a model that can be replicated or adapted by other Associations.
- 3. Check one of the following statements:
- \_\_\_\_ Our Association originated the project or program; or
- \_\_\_\_\_ the project or program is a unique variation of a project or program first developed by an Association or organization that our Association is affiliated with; or
- \_\_\_\_ the project or program is a novel adaptation of an existing model.

	the program was first developed by another Association/organization, please identify the ssociation/organization:
N	ame of Project/Program Launch Date (month/year)
N	ame of Submitting Association:
A	ddress:
W	/eb site:
	elephone Fax:
E	mail:
Si	ignature of Chairman, President or Chief Executive Officer of the Nominating Association
Si	ignature Date

Contact Person for Notification or Information Requests:		
Name & Title:		
Association:		
Address:		
Email:		
Telephone/Fax:		

## PROJECT/PROGRAM ORGANIZATION DATA:

Size of staff

- Full-time: \_\_\_\_\_\_
- Part-time: \_\_\_\_\_\_
- No. of volunteers: \_\_\_\_\_\_

Annual budget: \_\_\_\_\_

Funding sources:

- Individual \_\_\_\_\_\_ % \_\_\_\_\_ %

- Foundation \_\_\_\_\_\_ % \_\_\_\_\_ %
  Foundation \_\_\_\_\_\_ % \_\_\_\_\_ %
  Government \_\_\_\_\_\_ % \_\_\_\_\_ %
  Earned income \_\_\_\_\_ % \_\_\_\_\_ %
  Other \_\_\_\_\_ % \_\_\_\_\_ %

## HOW DID YOU LEARN OF THE AWARD?

- \_\_\_\_ PCAAE mailing
- \_\_\_\_ PCAAE web site
- Print or electronic media source:
- \_\_\_\_ Other (please describe): \_\_\_\_\_