



South Carolina Community Action Partnership (SCCAP) ANNUAL SPRING TRAINING CONFERENCE AWARDS

January 2017

Greetings CAA Family:

We don't often take the time to thank those who help us serve our community, but we do feel a need to acknowledge them. SCCAP provides fall and spring awards in recognition our CAA staff, volunteers, and partners. Please take just a moment to submit the awards applications listed below for deserving individuals in your agency. If you are short of time, you may assign this very important task to someone on staff.

As you know, we are fast approaching our Annual Spring Conference in April. In an effort to be as fair as possible, three of our partners will be selected to judge the awards applications. In fairness to them, please submit the applications by the due date and time:

March 27, 2017 before 5:00pm

This timetable gives our judges adequate time to review applications and it provides adequate time for ordering plaques. In preparation for the conference, SCCAP will consider the following awards:

SCCAP Awards for the Annual Spring Training Conference open for nomination by SCCAP members:

1. Program Administrator of the Year
2. Staff of the Year
3. Outstanding Support Staff of the Year
4. Innovative Program of the Year
5. Charles H. Turner Career Development Award
6. Freddie Williams Memorial Award (Agency Executive Directors only)
7. Gilbert G. Zimmerman (Agency CSBG Directors only)
8. Rev. Thomas Myers Pioneer Award

In addition to this email that is being sent to all Executive Directors and CSBG Directors, the awards application packet will also be posted to the Association website at www.scacap.org for your convenience.

Please review the attached awards and **make sure both the applicant's and agency's dues are paid before sending submissions**. Thanks so much for all you do to make these conferences successful. We believe that our people work hard and deserve to be recognized. **Send questions to:**

Leon (Ross) Bowens, SCCAP
President
C/o SHARE, Inc., PO Box 10204
Greenville, SC 29603

lbowens@sharesc.org
(864) 233-4128

SCCAP Awards
C/o SC Association of CAP
2700 Middleburg Drive, Suite 213
Columbia, SC 29204

No faxed or emailed submissions will be accepted

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

PROGRAM ADMINISTRATOR OF THE YEAR APPLICATION FORM

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Must be a Community Action employee for at least three (3) years
- II. Must have a bachelor's degree or higher.
- III. Three (3) letters of recommendation; one from: (a) supervisor (b) personal (c) community leader

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years	5
II. Three letters of recommendation: supervisor, personal and community leader	15
III. Training and Credentials beyond high school diploma	15
IV. Quality and provision of services	15
V. Mobilization of resources and collaboration	20
VI. Contributions to agency customers and the community	30
TOTAL MAXIMUM POINTS	100

ONLY COMPLETED APPLICATIONS SENT BEFORE THE DEADLINE WILL BE CONSIDERED

DEADLINE: March 27, 2017 by 5:00 PM

No faxed or e-mailed submissions please

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

PROGRAM ADMINISTRATOR OF THE YEAR APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. Three letters of recommendation; one from each of the following: supervisor, (b) personal, (c) community. **Attach to this application.**
3. List the nominee's education, training, qualifications, credentials and certifications.
4. List activities that demonstrate the nominee's ability to mobilize necessary resources and collaborate with others to provide and enhance services.
5. Describe unique activities that surpass program performance standards to impact the agency or community as a result of the administrator's leadership.
6. Describe in five hundred (500) words or less (no more than two typewritten, double-spaced pages) any special contributions the nominee made to the agency that resulted in a positive impact. Please be very specific. **Attach the summary to this application.**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

STAFF OF THE YEAR APPLICATION FORM

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership
- III. The nominee must have made extraordinary contributions, services or activities on behalf of the community action agency over a period of time.

Criteria for Selection

- I. Must be a Community Action employee for at least three (3) years
- II. Training and credentials beyond a high school diploma
- III. Three (3) letters of recommendation; one from: (a) supervisor (b) personal (c) community leader

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years	10
II. Training and credentials beyond high school diploma	10
III. Three recommendations: supervisor, personal and community leader	20
IV. Quality and provision of services	15
V. Mobilization of resources and collaboration	15
VI. Contributions to agency customers and the community	30
TOTAL MAXIMUM POINTS	100

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

STAFF OF THE YEAR APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. Training, qualifications and credentials: Appropriate training, certifications, etc.
3. Three letters of recommendation; one from each of the following: (a) supervisor, (b) personal, (c) community leader. **Attach to application**
4. Quality and provision of services: Describe the program(s) or communities that are unique and meet or surpass the program performance standards.
5. List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize resources to provide and enhance services.
6. Describe in five hundred (500) words or less (no more than two typewritten, double-spaced pages) any special contributions the nominee made to the agency that resulted in a positive impact. Please be very specific. **Attach the summary to this application.**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

OUTSTANDING SUPPORT OF THE YEAR APPLICATION FORM

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership
- III. The nominee must have made extraordinary contributions in the service of customers as well as going beyond their regular job duties to address the needs of the agency.

Criteria for Selection

- I. Must be a Community Action employee for at least three (3) years
- II. Training and credentials beyond a high school diploma
- III. Three (3) letters of recommendation; one from: (a) supervisor (b) personal (c) community leader

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years	10
II. Education beyond high school diploma	10
III. Three recommendations: supervisor, personal and community leader	15
IV. Training and qualifications	10
V. Support services provided	25
VI. Contributions to agency customers and the community	30
TOTAL MAXIMUM POINTS	100

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

OUTSTANDING SUPPORT OF THE YEAR APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City SC
State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City SC
State Zip

Executive Director: _____ Agency Telephone Number: (_____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. List education beyond high school diploma
3. Three letters of recommendation; one from each of the following: (a) supervisor, (b) personal, (c) community
4. Training, qualifications and credentials: Additional training or certifications beyond high school
5. Support services: Describe the nominee's activities demonstrating positive support for the agency
6. Describe in five hundred (500) words or less (no more than two typewritten, double-spaced pages) any special contributions the nominee made to the agency that resulted in a positive impact. Please be very specific. **Attach the summary to this application.**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

INNOVATIVE PROGRAM OF THE YEAR

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Innovative program must have been active during the program year 2014
- II. The project must demonstrate strategies that emphasize client self-sufficiency
- III. List the positive impact that the program made on low-income communities or individuals
- IV. The program must collaborate with other agencies

Rating Criteria:	Points
I. Program leads to self-sufficiency for low-income individuals	20
II. List collaboration efforts with other agencies	15
III. List positive impact of the program on low-income communities and individuals	15
IV. Essay on the projects purpose and goals	
Mobilization of resources and collaboration	20
Contributions to agency customers and the community	30
TOTAL MAXIMUM POINTS	100

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

**INNOVATIVE PROGRAM OF THE YEAR
APPLICATION FORM**

Please complete entire application. Please print clearly or type and **SUBMIT SIX COPIES.**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Please describe how the Innovative Program gives upward mobility to low-income communities and / or individuals.

2. List collaborative efforts, self-sufficiency goals and positive impacts on families from the project.

3. Training, qualifications and credentials: Appropriate training, certifications, etc.

4. In five hundred (500) words or less (no more than two typewritten, double-spaced page) list the performance goals for the project and list actual performance goals and sources of infraction required to keep this date. (Note: date may be requested.) **Attach summary to this application**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

CHARLES H. TURNER CAREER DEVELOPMENT AWARD AND SCHOLARSHIP

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership's OEO Funded Staff or WIA Funded Staff.
- II. The nominee must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Nominee must be a Community Action employee, OEO Funded Staff or WIA Funded Staff, for at least three (3) years.
- II. Nominee must be presently enrolled in college or planning to attend college by September of this year. Documents of enrollment and / or future enrollment must accompany this application.
- III. Three (3) letters of recommendation; one each from: (a) supervisor (b) instructor (c) personal

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years	10
II. Attach support documentation of college enrollment for the current year	20
III. Three recommendations; supervisor, instructor and personal	30
IV. Personal essay	40
TOTAL MAXIMUM POINTS	100

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DEADLINE: March 27, 2017 by 5:00 PM
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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

**CHARLES H. TURNER
CAREER DEVELOPMENT AWARD & SCHOLARSHIP
APPLICATION FORM**

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____

2. Name of college, university or technical college you already attend or plan to attend in the fall semester of this year. Attach verification of enrollment.

College: _____ Address: _____

3. Three letters of recommendation; one from each of the following: (a) supervisor, (b) instructor, (c) personal. **Attach to this application.**

4. Essay written by nominee to describe in five hundred (500) words or less (no more than two typewritten, double-spaced pages) the goals and inspirational personal achievements of the nominee. What would it mean to win this scholarship? Please be very specific. **Attach the summary to this application.**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

FREDDIE WILLIAMS MEMORIAL AWARD

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Must be a Community Action employee for at least three (3) years
- II. Nominee must be the Executive Director or Chief Executive Officer of a Community Action Agency.
- III. Training, credentials and qualifications for current job.
- IV. Three (3) letters of recommendation; one each from: (a) agency board of directors (b) program director (c) local community leader.
- V. Memberships in organizations, boards and committees that enhance the agency's image in the community.
- VI. List activities and/or projects that have helped low-income person(s) to become self-sufficient.

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years	10
II. Training and credentials beyond a high school diploma	15
III. Three recommendations: agency board, program director and community leader	25
IV. List memberships in organizations, boards, committees and note how his/her involvement enhances the agency	15
V. List special projects or activities involving the nominee that have improved the self-sufficiency of low-income people	25
VI. List nominee's involvement in community action local, state, regional or national organizations and the level of participation including leadership positions and planning committees	10
TOTAL MAXIMUM POINTS	100

ONLY COMPLETED APPLICATIONS SENT BEFORE THE DEADLINE WILL BE CONSIDERED

DEADLINE: March 27, 2017 by 5:00 PM

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

FREDDIE WILLIAMS MEMORIAL AWARD APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____ SC
State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____ SC
State Zip

Executive Director: _____ Agency Telephone Number: (_____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. List all training, credentials and other qualifications.
3. Submit three **signed** letters of recommendation; one from each of the following: (a) current agency board member, (b) current program director, (c) local community leader
4. List involvement in boards, committees or other leadership activities that have positively impacted the agency.
5. List special projects or activities that have improved self-sufficiency for low-income individuals or communities.
6. List nominee's participation in local, state, regional and national Community Action activities.

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DEADLINE: March 27, 2017 by 5:00 PM

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

GILBERT G. ZIMMERMAN MEMORIAL AWARD
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Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Must be a Community Action employee for at least three (3) years
- II. Nominee must be a CSBG Director of a South Carolina Community Action Agency.
- III. Three (3) letters of recommendation; one from each of the following: (a) Executive Director or CEO, (b) local community leader, and (c) customer who received CSBG services.
- IV. List training, credentials and qualifications possessed by the nominee.
- V. List activities and/or projects under the supervision of the nominee that have helped low-income person(s) to become self-sufficient.

Rating Criteria:	Points
I. Must be employed by a Community Action Agency for at least (3) years and currently a CSBG Director	15
II. Three references: Executive Director or CEO, community leader and CSBG customer	15
III. List training, credentials and qualifications including degrees, special training and certifications.	20
IV. List activities or special projects you have implemented to improved the self-sufficiency of low-income people	50
TOTAL MAXIMUM POINTS	100

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

GILBERT G. ZIMMERMAN MEMORIAL AWARD

APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. Submit three **signed** letters of recommendation; one from each of the following: (a) Executive Director or CEO, (b) local community leader, (c) CSBG customer. **Attach letters to this application**
3. List all of nominee's training, credentials, certifications and other qualifications
4. Describe in five hundred (500) words or less (no more than two typewritten, double-spaced pages) any special projects/programs under your administration that have been successful in helping low-income individuals or communities. Please be very specific. **Attach the summary to this application.**

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

Rev. Thomas Meyers PIONEER AWARD

Selection Process

- I. The agency and person submitting the application must be a financial member of the South Carolina Community Action Partnership
- II. The nominee must be a financial member of the South Carolina Community Action Partnership

Criteria for Selection

- I. Nominee must be a Community Action employee or volunteer for twenty (20) years.
- II. Nominee must be presently working or volunteering at a Community Action Agency.
- III. Two (2) letters of recommendation; one from: (a) supervisor or co-worker; and (b) community action client.
- IV. Submit a summary of the nominee's experience and significant contributions to the community action agency.

Rating Criteria:	Points
I. Must be an employee or volunteer for a Community Action Agency for at least 20 years	30
II. Nominee presently working or volunteering at a CAA	15
III. Recommendation letters: supervisor or co-worker <u>and</u> CAA client	20
IV. Summary of nominee's experience and contributions to the CAA	35
TOTAL MAXIMUM POINTS	100

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SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

Rev. Thomas Meyers PIONEER AWARD APPLICATION FORM

Please complete entire application. Please print clearly or type. **SUBMIT SIX COPIES**

Date: _____ Name of the Nominee: _____

Address: _____
City State Zip

Telephone: _____ E-mail: _____

Name of Agency: _____

Agency Address: _____
City State Zip

Executive Director: _____ Agency Telephone Number: (____) _____

In case of questions, who should we contact?

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the following and discuss how these qualities affect the nominee's ability to work in the specified area of Community Services in Community Action Agencies. Judges will rate specific, not subjective information. Carefully complete the form with specific details.

1. Length of service to the agency. (Number of years employed) _____
2. Currently employed at Community Action Agency? Yes _____ No _____
3. Letters of recommendation from each of the following: (a) supervisor or co-worker and (b) Community Action Agency client. **Attach to this application.**
4. Submit a description of nominee's positions, activities and experiences while at the Community Action Agency in five hundred (500) words or less (no more than two typewritten, double-spaced pages). **Attach the summary to this application.**

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