

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

May 2022

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 Statewide Mid-Fall Conference in October. 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:

Deadline Date: October 12, 2022 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 Mid-Fall Training Conference open for nomination by SCCAP members:

- John Price Memorial Award
- Volunteer of the Year Award
- Partnership Award
- Grassroots Award
- SCCAP Leadership Award
- SCCAP Development 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 and agency 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 lbowens@sharenc.org
C/o SHARE (864) 269-0700
PO Box 10204
Greenville, SC 29603

AWARD SUBMISSION INSTRUCTIONS

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

No faxed submissions will be accepted.

Or email to training@scacap.org

South Carolina Community Action Partnership

JOHN PRICE MEMORIAL AWARD

The John Price Memorial Award highlights the importance of mobilization or service to improve quality of life for low-income individuals and the community.

Selection Process

- I. The agency must be an active/financial member of the South Carolina Community Action Partnership.
- II. The nominee must be an active member of the South Carolina Community Action Partnership.
- III. This award recognizes an individual with extraordinary contribution in serving low-income individuals as well as reaching low-income families and involving communities, which results in a positive change.

Criteria for Selection

- I. Must be employed by a CAP agency for at least three (3) years
- II. Letter from a colleague familiar with the nominee's work
- III. Letter from a community organization or collaboration agency familiar with the nominee's work
- IV. List significant accomplishments:
 - a. Training, qualifications, and credentials
 - b. Mobilization of services and resources, include activities which improve or enhance low-income individuals, families, or communities to become self-sufficient
- V. List any innovative projects or programs to improve the quality of life for low-income individuals

Rating Criteria:

Maximum Points

1. Three or more years with a CAP agency.....	10 points
2. Letter from a colleague familiar with nominee's work	15 points
3. Letter from a community organization or collaboration agency familiar with Nominee's work	20 points
4. List of significant accomplishments of the nominee, to include qualifications,..... credentials, or training mobilization of services for low-income individuals	25 points
5. Nominee implemented innovative projects or programs for low-income individuals	30 points
TOTAL POINTS.....	100 points

Note: Judges will consider completeness of application.

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

JOHN PRICE MEMORIAL AWARD
APPLICATION FORM

Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of the Nominee _____

Address _____ City, State, Zip _____

Phone () _____ E-mail _____

Name of Executive Director _____ Agency Phone Number _____

Name of Agency _____

Address of Agency _____
STATE ZIP STREET OR RFD CITY

Clarifications concerning nomination can be obtained from:

Name: _____

Telephone Number: _____

Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

1. Length of service to the agency; Total number of years employed _____
2. Attached letter from a colleague familiar with nominee's work in the agency
3. Attached letter from a community organization or collaboration agency familiar with nominee's work
4. List significant accomplishments, qualifications, credentials, training, or mobilization of services for low-income individuals
5. List in three hundred (300) words or less any innovative projects or programs implemented for low-income individuals

South Carolina Community Action Partnership

<h2>Volunteer of the Year Award</h2>

Selection Process

- I. The nominee must have volunteered for a South Carolina Community Action Agency.
- II. The agency must be an active/financial member of the South Carolina Community Action Partnership.
- III. The volunteer must have exercised leadership, which has resulted in substantial improvement in the area of self-sufficiency for the agency customers.
- IV. The volunteer must have demonstrated a continuing commitment to Community Action Programs through donation of personal time and services and by the encouragement of person(s) in strides toward self-sufficiency.

Criteria for Selection

Note: Applicants cannot be a paid employee of the agency.

1. Must have participated in activities that will lead to self-sufficiency of agency customers
2. Must have volunteered in a program operated by the agency <List program or programs>
3. Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families.

Rating Criteria:

Maximum Points

1. Years of volunteering for the agency.....	10 points
2. Number of hours volunteered in the last 12 months.....	10 points
3. Type of volunteer service.....	20 points
4. Success of mobilization of resources and collaboration for the agency.....	25 points
5. Efforts in helping customers toward self-sufficiency.....	35 points
TOTAL POINTS.....	100 points

Note: Judges will consider completeness of application

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

VOLUNTEER OF THE YEAR AWARD

Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of the Nominee _____

Address _____ City, State, Zip _____

Phone () _____ E-mail _____

Name of Executive Director _____ Agency Phone Number _____

Name of Agency _____

Address of Agency _____

City, State, Zip _____

Clarifications concerning nomination can be obtained from:

Name: _____

Telephone Number: _____

Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

1. Describe the ways you volunteered or worked with your Community Action Agency, including number of hours volunteered
2. Describe the activities in which you participated with the agency
3. Describe how you have successfully mobilized resources and collaboration for the agency
4. Describe in 300 words or less (no more than one typewritten, double-spaced page) efforts you have made in helping the agency's customer(s) toward self-sufficiency.

South Carolina Community Action Partnership

PARTNERSHIP AWARD

Selection Process

- I. The agency submitting the application must be a member of South Carolina Community Action Partnership.
- II. A Partnership effort that has significantly enhanced the services and programs of the Community Action Agency. This partnership has allowed the Community Action Agency to bring a greater degree of Social Awareness and Competence for low-income families and their Community.

Criteria for Selection

Judges will rate the application based on special contributions and its relationship to helping fulfill the goals and objectives of the Community Action Agency, which includes helping individuals to become self-sufficient as well as improving low-income communities.

Note: Judges will consider completeness of application

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

PARTNERSHIP AWARD

Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of Partner _____

Contact Person _____

Address _____ City, State, Zip _____

Telephone () _____ Fax () _____ E-mail _____

Chief Executive Officer _____ Agency Phone Number _____

Address of Agency _____
STATE ZIP STREET OR RFD CITY

Type of Partner: () State () Federal () Private Corporation
() Public Agency – Other List _____
() Private Non-Profit _____

Name of Executive Director _____ Telephone Number _____

Name of Agency _____

Address of Agency _____
STATE ZIP STREET OR RFD CITY

Clarifications concerning nomination can be obtained from:

Name: _____
Telephone Number: _____
Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

Please describe in 500 words or less (no more than two typewritten, double-spaced pages) any special contributions that the Partner has made to the Agency that had a positive impact on the Agency. Be very specific.

South Carolina Community Action Partnership

GRASSROOTS AWARD

Selection Process

- I. The agency submitting the nomination must be a member of South Carolina Community Action Partnership.
- II. The nominee must be an active member of the South Carolina Community Action Partnership.
- III. The nominee's contributions may be in the form of a single act or continuous services/activities over a period of time.

Criteria for Selection

- I. The nominee must have made a voluntary contribution of time and effort without regard to religious or ethnic affiliation that has had a positive impact upon low-income individuals and/or communities.
- II. The contribution must have had an impact at the local, state, and/or national level.
- III. The contribution must have occurred within 12 months, prior to January 01, 2009
- IV. The nominee must be employed by a CAP agency for a minimum of three (3) years.

Rating Criteria:

Maximum Points

1. Length of service (number of years employed).....	10 points
2. Contributions that impact one or more levels of the CAP up to	30 points
1) Local <Level 1> 10 points; 2) State <Level 2> 10 points; 3) National <Level 3> 10 points;	
3. Written description of contributions by the nominee (Please be very specific.).....	60 points
TOTAL POINTS <Maximum>	100 points

Note: Judges will consider completeness of application

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

GRASSROOTS AWARD
APPLICATION FORM

Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of the Nominee _____

Address _____ City, State, Zip _____
Street/POB

Telephone () _____ E-mail _____

Name of Executive Director _____ Agency Phone Number _____

Name of Agency _____

Address of Agency _____
STATE ZIP STREET OR POB CITY

Clarifications concerning nomination can be obtained from:

Name: _____

Telephone Number: _____

Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

1. Length of service to the agency. Total number of year's employed _____
 2. Contributions that impact one or more levels of the Community Action Program
 3. Describe in 500 words or less (no more than two typed double-spaced pages) any special contributions you have made to the program that had a positive impact on services to the total program. Please be specific.
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South Carolina Community Action Partnership

SCCAP LEADERSHIP AWARD

Selection Process

- I. The agency submitting the nominee must be a member of South Carolina Community Action Partnership.
- II. The nominee must be an active member of the South Carolina Community Action Partnership.
- III. The nominee is one who demonstrates outstanding leadership qualities while working in some capacity with a CAP agency either at a local, state, or national program or on various committees or associations to improve the conditions of low-income individuals and the community.

Criteria for Selection

- I. Develops network linkages between SCCAP and other organizations and individuals concerned with human needs
- II. Devotes untiringly time, talent, and resources for the development of low-income individuals and for SCCAP members
- III. Development of improvements for SCCAP Association as well as lends support to the efforts of Community Action Agency (ies)
- IV. Must be employed by a CAP agency **<a minimum of three years>**
- V. Marketing efforts and innovative ideas for the Association

<u>Rating Criteria:</u>	Maximum Points
1. Employed three or more years with a CAP agency.....	10 points
2. Marketing and innovative efforts to improve the Association.....	15 points
3. Overall improvement of SCCAP Association and its general membership	20 points
4. Resource implemented for linkages between SCCAP and other organizations.....	25 points
5. Untiringly time, effort, and resources to the development of self-sufficiency for low-income individuals (explain)	30 points
TOTAL POINTS.....	100 points

Note: Judges will consider completeness of application

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

SCCAP LEADERSHIP AWARD
APPLICATION FORM

Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of the Nominee _____

Address _____ City, State, Zip _____

Phone () _____ E-mail _____

Name of Executive Director _____ Agency Phone Number _____

Name of Agency _____

Address of Agency _____
STATE ZIP STREET OR RFD CITY

Clarifications concerning nomination can be obtained from:

Name: _____
Telephone Number: _____
Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

1. Length of service in Program; total number of years employed _____
2. List marketing and innovative ideas to improve the Association
3. Overall improvement of SCCAP Association and its general membership
4. Discuss linkages established between SCCAP and other organizations
5. In five hundred (500) words or less discuss efforts and resources to help low-income individuals become self-sufficient

South Carolina Community Action Partnership

SCCAP Development Award

Selection Process

- I. The agency making the nomination must be an active/financial member of the South Carolina Community Action Partnership.
- II. The nominee must be an active member of SCCAP.
- III. The nominee must be dedicated to the task of developing and promoting the SCCAP.

Criteria for Selection

- I. Documents to show that the nominee rendered services and talents to the association unselfishly <no financial gains by nominee>
- II. Length of service with the Community Action Program
- III. Special trainings, qualifications, and credentials of the nominee
- IV. Mobilization of resources and collaboration of activities – (Please list activities and projects in which the nominee has been involved.)

Rating Criteria:

Maximum Points

1. Nominee's services and talents rendered to the Association.....	30 points
2. Length of service with Community Action Program.....	20 points
3. Special trainings, qualifications, and credentials.....	20 points
4. Mobilization of resources and collaboration efforts.....	30 points
TOTAL POINTS.....	100 points

Note: Judges will consider completeness of application

DUE: October 12, 2022 AT 5:00 PM

SOUTH CAROLINA COMMUNITY ACTION PARTNERSHIP

SCCAP DEVELOPMENT AWARD APPLICATION
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Be sure to fully complete the application. Please print clearly or type. **Submit four copies**

Date: _____

Name of the Nominee _____

Address _____ City, State, Zip _____
STREET/PO BOX

Telephone () _____ E-mail _____

Name of Executive Director _____

Name of Agency _____

Address of Agency _____
STREET/PO BOX CITY STATE ZIP

Agency Telephone Number _____

Clarifications concerning nomination can be obtained from:

Name: _____

Telephone Number: _____

Email: _____

Please describe the following and discuss how these qualities affect your ability to work in the specified area of Community Services in Community Actions Agencies. Carefully complete the form with specific details.

1. Services and talents rendered by the nominee to the SCCAP Association **(Please attach any supporting documents i.e. e-mails, letters of thanks, and etc.)**
2. Length of services with the Community Action Program **(Please list employment job title.)**
3. List all special trainings, qualifications, and credentials of the nominee
4. List in 300 words or less activities and mobilization of resources, programs, and projects that the nominee has been a part of at the agency.