



Criteria for Award Considerations

The Advisory Award is presented to:

- (1) Any Agency or Employer that provides services in one or all of the three counties (Carbon-Monroe-Pike)
- (2) Direct Service Professionals
- (3) Community Human Service Volunteer
- (4) Advocate
- (5) Advisory Board Member
- (6) C-M-P MH/DS employee

who display exceptional performance in their action and behavior to support CMP's mission of excellence.

Organizations or individuals who are considered for recognition typically demonstrate exemplary performance regarding service provision to people with developmental disabilities or mental illness; are considered to be leaders in the recovery movement or the principals of everyday lives; and promote effective and quality provision to populations served by the organization.

Each person receiving an award will be invited to attend a special dinner where the Advisory Board will recognize his/her/their achievement.

The last date to submit nominations for 2019 year is June 1, 2019. Nominations received after this date will be considered for the following year.

*Not all nominations will receive an award. A group can be nominated in one form, as long as each individual's contact information is included.

The following nomination form must be sent as an attachment to
bbingaman@cmpmhds.org.

**Please complete all the information on page 2. Incomplete forms will not be considered.*

If you have any questions, call Beth Bingaman-Lutz at 570.420.1900 ext. 3367.

**A full listing of past C-M-P MH/DS Advisory Board Award Winners can be found on our
Website: www.cmpmhds.org*

Thank you for taking the time to nominate this extraordinary candidate for this award

**CARBON-MONROE-PIKE MENTAL HEALTH AND DEVELOPMENTAL SERVICES
ADVISORY BOARD Award Nomination Form**



Who is making this nomination?

Please tell us about yourself; so that we may include you in the celebration should the person you nominated be selected to receive an award.

Your Name _____ **Phone number** _____

Address _____ **Date of Nomination** _____

Name of nominee (individual/organization)

**If nominating an organization or group, please include the entity's purpose and a contact for that entity.*

Nominee contact information

Address:

Phone:

Email:

**Please do not skip any questions.*

1. Describe the activities and accomplishments your nominee(s) performed.

2. Describe how the nominee(s) has impacted the community or department?

3. How did your nominee(s) go above and beyond expectations placed on them?

4. Any other pertinent facts (please attach additional sheet, if necessary).