Nominate Today

Awards Presentation in April

Special Press Conference Ceremony

"CAP DAY AT THE CAPITOL"

Tuesday, April 8, 2014

RECOGNIZE EXCELLENCE IN CHILD ABUSE PREVENTION

Presented by the OSDH – Family Support & Prevention Service

2014

start right

2014 OUTSTANDING CHILD ABUSE PREVENTION (CAP) AWARDS

NOMINATION PACKET

OSDH/Family Support and Prevention Service
1000 NE 10th St, Okc, Ok 73117
Phone: (405) 271-7611
Fax: (405) 271-2936
Website: http://fsps.health.ok.gov

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January 17, 2014

MEMORANDUM

TO: Child Abuse Prevention Advocates

FROM: Annette Jacobi, J.D., Chief
Family Support and Prevention Service

SUBJECT: **2014 Outstanding Elected Official Award**
2014 Marion Jacewitz Award
2014 Mary Ellen Wilson Award
2014 Outstanding Child Abuse Prevention Program Award

The OSHD – Family Support & Prevention Service is accepting nominations for the 2014 Outstanding Elected Official Award, the 2014 Marion Jacewitz Award, the 2014 Mary Ellen Wilson Award, and the 2014 Outstanding Child Abuse Prevention Program Award. The awards will be presented during a special awards ceremony during this year's annual CHILD ABUSE PREVENTION DAY AT THE CAPITOL, Tuesday, April 8, 2014.

Please take a moment to nominate a program or person you would like to have recognized for their demonstrated outstanding commitment and dedication to child abuse prevention.

Awards & Criteria:

- **Nominations must be received by COB Wednesday, March 12, 2014.**
- The entire nomination – letter, supporting materials, newspaper clippings, seconding letters and attachments included – **must be no longer than five single-sided, 8 ½" X 11" pages**. (Sorry, no exceptions!)
- The name and contact information of the person or organization making the nomination should be included in the nomination.
- A one-page or two-page letter is sufficient to make a nomination.
- Each individual nominated must be entered in only one category.
- Nomination must be mailed or e-mailed as an attachment. Confirmation of electronic receipt will be sent. Please do not send duplicate copy via fax or mail. Send e-mail to sheriet@health.ok.gov.
- If mailing the nomination and/or more information is desired, please send to and/or contact:

  Sherie Trice, CBCAP Grant Coordinator
  Family Support and Prevention Service
  Family Health Services/Oklahoma State Department of Health
  1000 NE 10th Street, Oklahoma City, OK 73117-1299
  (405) 271-7611 FAX (405) 271-2936

Thank you for helping recognize and celebrate Oklahoma excellence in child abuse prevention!

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2014 2014 2014 2014

OUTSTANDING ELECTED OFFICIAL AWARD
MARION JACEWITZ AWARD
MARY ELLEN WILSON AWARD
OUTSTANDING CHILD ABUSE PREVENTION PROGRAM AWARD

2014 2014 2014 2014

Sponsored by

The Oklahoma State Department of Health – Family Support & Prevention Service

Procedures for Selection

1. Nomination forms will be distributed by the OSDH/Family Support & Prevention Service (FSPS) to state and local child abuse prevention task forces, networking partnerships, OCAP Start Right and Children First Programs, and other interested parties.
2. The FSPS will distribute nomination packets electronically by February 3, 2014.
3. Completed nominations will be submitted to FSPS no later than COB **Wednesday, March 12, 2014**.
4. The FSPS may designate selected individuals to review nominations and assist as a selection committee along with other FSPS staff.
5. The FSPS staff will notify all of those nominated as well as those awardees that were selected.
6. The FSPS will purchase plaques for awardees.
7. The awards will be presented at a special ceremony during the annual CHILD ABUSE PREVENTION DAY AT THE CAPITOL on Tuesday, April 8, 2014 (during April – National Child Abuse Prevention Month).

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1000 NE 10th Street, Oklahoma City, Ok 73117
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Website: http://fsps.health.ok.gov

NOMINATION
2014 OUTSTANDING ELECTED OFFICIAL AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
Family Support and Prevention Service
Family Health Services/Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, OK 73117-1299

The **Outstanding Elected Official Award** is facilitated by the Oklahoma State Department of Health – Family Support and Prevention Service to honor an elected official for distinguished service on behalf of children and families in Oklahoma. This individual is one who strives to enhance the quality of life for babies, children or adolescents (and their families) in their neighborhood, community and/or across the state. This person is a leader among their peers regarding child advocacy and promoting programs that support families and ultimately *prevent* child maltreatment. ***Individuals and area groups are encouraged to nominate an outstanding individual who is deserving of this honor.***

Here state reasons for the nomination, i.e. the nominated program should receive this nomination for the following reasons or based upon the following facts or events: (Note: You may list here or on a separate sheet the reasons for the nomination. PLEASE PRINT OR TYPE. The nomination with all attachments, including this page shall not exceed 5 pages!)

Nominee Name: _____ Position: _____

Phone: _____ Address: _____

Summary: _____

_____

_____

_____

_____

_____

DEADLINE FOR SUBMISSION: March 12, 2014 By _____

_____
(address)

_____
(phone)

_____
(e-mail address)

Nominations may be mailed or e-mailed to Sherie Trice at sheriet@health.ok.gov

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1000 NE 10th Street, Oklahoma City, Ok 73117
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NOMINATION
2014 MARION JACEWITZ AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
Family Support and Prevention Service
Family Health Services/Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, OK 73117-1299

The **Marion Jacewitz Award** is facilitated by the Oklahoma State Department of Health – Family Support and Prevention Service to recognize an individual in Oklahoma who has made significant contributions to the prevention of child abuse on a **statewide** level. Criteria to be considered include: participation in one or more creative, innovative child abuse prevention program(s); demonstrated leadership in promoting the prevention of child abuse statewide; demonstrated commitment to improving the quality of life for children and their families; and involvement in the field of child abuse prevention for two (2) or more years.

Here state reasons for the nomination, i.e. the nominee should receive this nomination for the following reasons or based upon the following facts or events: (Note: You may list here or on a separate sheet the reasons for the nomination. PLEASE PRINT OR TYPE. The nomination with all attachments, including this page shall not exceed 5 pages!)

Nominee Name: _____ Agency/Organization: _____

Phone: _____ Address: _____

Summary: _____

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_____

_____

DEADLINE FOR SUBMISSION: March 12, 2014 By _____

_____
(address)

_____
(phone)

_____
(e-mail address)

Nominations may be mailed or e-mailed to
Sherie Trice at sheriet@health.ok.gov

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NOMINATION
2014 MARY ELLEN WILSON AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
Family Support and Prevention Service
Family Health Services/Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, OK 73117-1299

The **Mary Ellen Wilson Award** is facilitated by the Oklahoma State Department of Health – Family Support and Prevention Service to recognize an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities **in his/her community**. Criteria to be considered include: participation in one or more creative, innovative community-based child abuse prevention program(s); demonstrated leadership in promoting the prevention of child abuse in his/her community; demonstrated commitment to improving the quality of life for children and their families; and involvement in the field of child abuse prevention for two (2) or more years.

Here state reasons for the nomination, i.e. the nominee should receive this nomination for the following reasons or based upon the following facts or events: (Note: You may list here or on a separate sheet the reasons for the nomination. PLEASE PRINT OR TYPE. The nomination with all attachments, including this page shall not exceed 5 pages!)

Nominee Name: _____ Agency/Organization: _____

Phone: _____ Address: _____

Summary: _____

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_____

DEADLINE FOR SUBMISSION: March 12, 2014 By _____

_____
(address)

_____
(phone)

_____
(e-mail address)

Nominations may be mailed or e-mailed to
Sherie Trice at sheriet@health.ok.gov

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NOMINATION
2014 OUTSTANDING CHILD ABUSE PREVENTION PROGRAM AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
Family Support and Prevention Service
Family Health Services/Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, OK 73117-1299

The **Outstanding Child Abuse Prevention Program Award** is facilitated by the Oklahoma State Department of Health – Family Support and Prevention Service to recognize an exceptional community program with a focus in child abuse prevention. Criteria to be considered include: comprehensiveness of the program; innovative program design; flexibility of program services; successful working relationships within the community; and provision of services for two (2) or more years.

Here state reasons for the nomination, i.e. the nominated program should receive this nomination for the following reasons or based upon the following facts or events: (Note: You may list here or on a separate sheet the reasons for the nomination. PLEASE PRINT OR TYPE. The nomination with all attachments, including this page shall not exceed 5 pages!)

Program Nominee Name: _____ Contact Person: _____

Address: _____ Contact Phone: _____

Summary: _____

_____

_____

_____

_____

_____

DEADLINE FOR SUBMISSION: March 12, 2014 By _____

_____
(address)

_____
(phone)

_____
(e-mail address)

Nominations may be mailed or e-mailed to Sherie Trice at sheriet@health.ok.gov

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