

2016
Child Abuse Prevention
Awards of Excellence

///
Nomination
Packet

NOMINATE TODAY

(details inside)

Special Awards
Ceremony Presentation

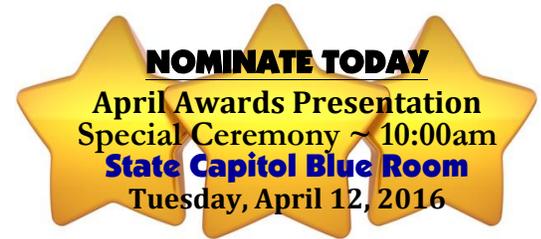
Tuesday, April 12, 2016, 10:00 a.m.

Oklahoma State Capitol ~ Blue Room

Presented by OSDH – Family Support & Prevention Service

January 15, 2016

MEMORANDUM



TO: Child Abuse Prevention Advocates

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

SUBJECT: **2016 Outstanding Elected Official Award**
2016 Marion Jacewitz Award
2016 Mary Ellen Wilson Award
2016 Outstanding Child Abuse Prevention Program Award

The OSHD – Family Support & Prevention Service is currently accepting nominations for the 2016 Outstanding Elected Official Award, the 2016 Marion Jacewitz Award, the 2016 Mary Ellen Wilson Award, and the 2016 Outstanding Child Abuse Prevention Program Award. The awards will be presented during a special awards ceremony on Tuesday, April 12, 2016 with Director Ed Lake, Oklahoma State Department of Human Services, serving as the Master of Ceremonies.

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 and Criteria:



- **Nominations must be received by COB Friday, March 18, 2016.**
- 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 (telephone, fax and address included below in lower corner).

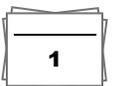
Sherie Trice, CBCAP Grant Coordinator (phone) 405.271.7611
OSDH/Family Support & Prevention Service (fax) 405.271.2936
1000 NE 10th Street, Oklahoma City, OK 73117-1299

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

2016 OUTSTANDING CAP AWARDS

NOMINATION PACKET

OSDH/Family Support & Prevention Service
1000 NE 10th Street, Oklahoma City, OK 73117
Phone: (405) 271-7611 Fax: (405) 271-2936
Website: <http://fspd.health.ok.gov>



NOMINATION
2016 OUTSTANDING ELECTED OFFICIAL
AWARD



Mail to: Sherie Trice, CBCAP Grant Coordinator
OSDH/Family Support and Prevention Service
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 18, 2016 By _____

(name)

(address)

(phone)

(e-mail address)

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

2016 OUTSTANDING CAP AWARDS
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NOMINATION

2016 MARION JACEWITZ AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
OSDH/Family Support & Prevention Service
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: _____

DEADLINE FOR SUBMISSION: March 18, 2016 By _____

(name)

(address)

(phone)

(e-mail address)

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

2016 OUTSTANDING CAP AWARDS

NOMINATION PACKET

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

NOMINATION
2016 MARY ELLEN WILSON AWARD



Mail to: Sherie Trice, CBCAP Grant Coordinator
OSDH/Family Support and Prevention Service
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:

DEADLINE FOR SUBMISSION: March 18, 2016 By _____
(name)

(address)

(phone)

(e-mail address)

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

2016 OUTSTANDING CAP AWARDS
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Website: <http://fsps.health.ok.gov>

NOMINATION
2016 OUTSTANDING CHILD ABUSE PREVENTION
PROGRAM AWARD

Mail to: Sherie Trice, CBCAP Grant Coordinator
OSDH/Family Support and Prevention Service
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 18, 2016 By _____

(name)

(address)

(phone)

(e-mail address)

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

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