

## Community Collaboration Nomination Form

The Community Collaboration award recognizes collaborations or partnerships among community organizations that benefit the health and human service system.

To nominate a community collaboration, please provide detailed answers to the prompts below.

MSSA's Awards and Scholarships Committee looks for the following qualities in the Community Collaboration nominees:

- The partnership works toward meeting the needs of the local health and human service system.
- The partnership works toward achieving sustainable, long-term goals for the community.
- The partnership involves the members of the community it serves.

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### Nominator information

Your full name: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your employer: \_\_\_\_\_

Your MSSA region: \_\_\_\_\_

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### Nominee information

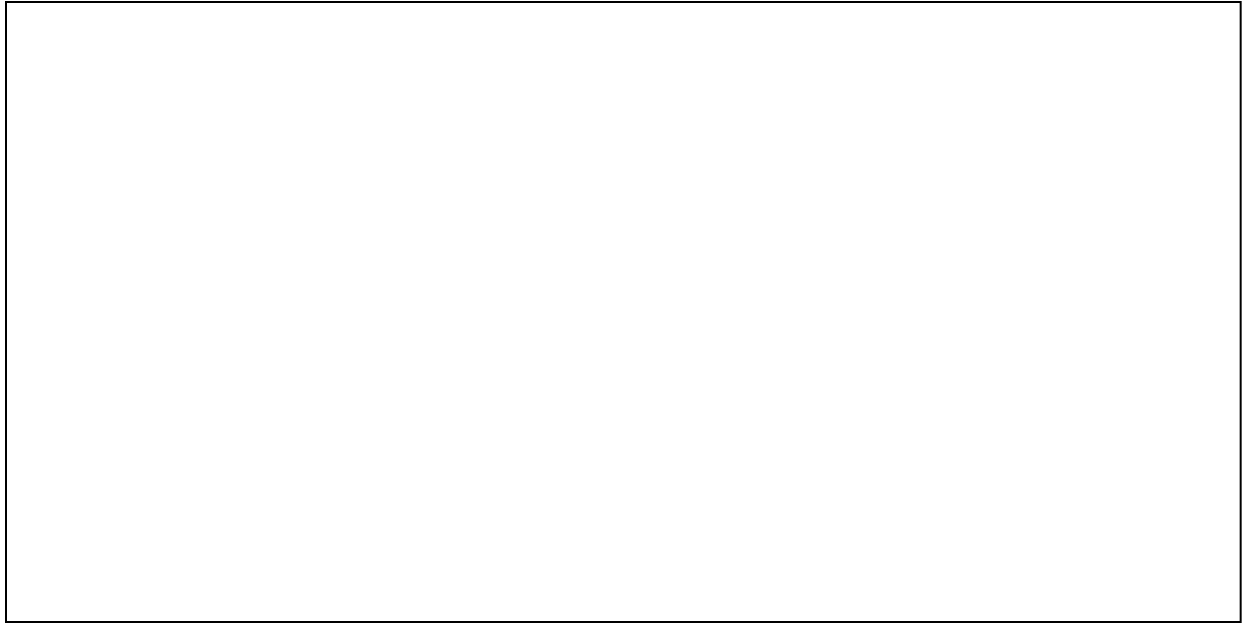
Which organizations participate in this collaboration?

Please enter contact information, including phone number and email address, for at least one member of this collaboration

Nominee's foster care licensing agency: \_\_\_\_\_

Nominee's MSSA region: \_\_\_\_\_

Explain how the collaboration works toward a) meeting the needs of the local health and human service system; and b) achieving sustainable, long-term goals for the community. (Suggested length: 200-250 words)



How does the collaboration involve members of the community? (Suggested length: 150-200 words)



Is there anything else about this collaboration you would like to add?

A large, empty rectangular box with a thin black border, intended for the user to provide additional information or comments regarding the collaboration.