

# National Association of County Human Services Administrators



## *Innovations in Human Services Award*

### **Application Guidelines**

The Innovation in Human Services Awards recognizes efforts by county agencies or state associations of county human services directors to improve the delivery of human services and to develop new ways to address client needs.

Eligible programs must have been in operation for at least one year. Additionally, county elected officials and/or county staff must have played a significant role in developing and implementing it.

To apply for the Innovations in Human Services Award, please fill out the cover page and attach a two-page description of the program. When describing the program, please keep in mind the following questions:

- What issue/need was the program designed to address?
- Was there a needs assessment conducted?
- How was the program planned? Describe public input, if any, into the planning process.
- What are the key components of the program?
- What are the program's goals?
- Did the program achieve one or more of the following goals?
  - Offer a new service to county residents;
  - Provide a multidisciplinary approach to delivering services;
  - Improve existing services;
  - Improve the administration of county programs;
  - Enhance the cost effectiveness of existing programs;
  - Improve collaboration among county agencies;
  - Promote intergovernmental cooperation;
  - Enhance community participation in program planning.
- Are there measureable results?
- Have other counties replicated the program?

Using the form below, please submit the cover page and program description **via e-mail** (no applications sent by fax or mail will be accepted) by **February 6, 2012** to:

Ashley Carlini  
NACHSA/Waterman & Associates  
Phone: 202.898.1444 E-mail: [ac@wafed.com](mailto:ac@wafed.com)

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Cover Page

|                                   |  |
|-----------------------------------|--|
| Program Title:                    |  |
| Year the Program was Implemented: |  |
| Program Contact:                  |  |
| Title:                            |  |
| Agency:                           |  |
| County:                           |  |
| Address:                          |  |
| Phone:                            |  |
| Email:                            |  |
| Agency Director:                  |  |

Please attach a two page description of the program addressing the pertinent questions outlined in the application guidelines.