



2018 INNOVATION AWARD

The Innovation Award will recognize nonprofit organizations that demonstrate innovation in the areas of health, the arts, and community engagement.-Two awards up to \$5,000 each will be presented.

To be considered for the Innovation Award, the initiative must either take an innovative approach to an existing challenge or meet a new and emerging challenge. The award is meant to recognize creative thinking, novel approaches, initiatives and new partnerships that advance efforts to improve health and wellness of individuals and/or the community at large.

Applicants must demonstrate innovation with a focus on:

- 1. Collaboration:** Success in executing an innovative program with another organization(s) or community partner to accomplish a common goal, particularly one that reduces duplication of services, leverages resources and increases capacity. Particularly of interest would be non-traditional partnerships that connect different fields.
- 2. Brand Identity/Unique Marketing Campaign:** Using a new marketing concept to attract financial support, volunteers and/or clients; including connecting with new or underserved populations.
- 3. Programs:** Creation and implementation of a new program or event that increases the organization's capacity and ability to benefit the community including connecting with new or underserved populations.

ELIGIBILITY REQUIREMENTS

To be eligible, an organization must meet all of the following requirements:

- Be recognized by the IRS as a 501(c)(3) organization or under the fiscal sponsorship of an existing 501c(3) organization.
- Provide services in Sullivan County or offer programs/services that are available to or benefit Sullivan County residents.

PRESENTATIONS

2018 INNOVATION AWARD INSTRUCTIONS

Please answer the following questions in a document no greater than five pages (type must be at least 10 points and pages must have one inch margins). Materials that are late or incomplete will not be accepted.

ORGANIZATION OVERVIEW:

Briefly, summarize the history, mission and goals of the organization.

DESCRIPTION OF INNOVATION:

- Please provide a simple executive summary (limited to 150 words) for publicity purposes.
- What is the innovation (overview, purpose and budget)?

- How is the innovation new and different from past efforts? What new ideas, methods or products did it feature to make changes in the previously established efforts of the organization?
- Does it improve on a program used by another organization?
- How does it further the mission of the organization? How does it help the organization achieve its goals?
- What are the benefits to the community?

DEMONSTRABLE RESULTS:

Using a “before and after” comparison, describe the changes brought about by the innovation – the specific and measurable outcomes – and explain how performance is measured.

- What were the conditions or situations that serve as the baseline against which the changes are compared?
- What are the immediate results of the innovation?
- What are the anticipated long term results?
- Did the innovation produce any unanticipated results in areas outside those of its intention?
- What is the qualitative and/or quantitative outcome of the innovation? How many people were engaged or impacted?

POTENTIAL MODEL:

How can the innovation serve as a model that can be replicated or adapted by other organizations?

PROPOSED INNOVATION AWARD TIMELINE

September 2018	Innovation Application Released
October 15, 2018	Innovation Applications Due
October/November 2018	Panel reviews and selects awards (2)
November 2018	Announcement of recipients will take place at the Community Foundation’s Annual Reception on November 14, 2018.

2018 INNOVATION AWARD APPLICATION

Organization: _____

Name of Innovation: _____ Innovation Start Date: _____

Organization Address: _____

City/State/Zip: _____ County: _____

Number of Employees (FT/PT): _____ Number of Volunteers: _____

Contact Person for Notification and/or Information Requests: _____

Title: _____ Phone: _____

Email: _____

Signature of Executive of the Organization: _____

Print or Type Name: _____ Date: _____

Name, Company, Telephone and Email of **Three References** (e.g. Banker, Attorney, Accountant, Etc.):

Completed applications and all materials must be received by **October 15, 2018**.

Applications may be emailed to:

Elizabeth@cfosny.org

Or questions directed to:
(845) 769-9393