

NOMINEE FOR F.A.C.S.S.E., INC. HUMAN SERVICES AWARD

<p>1. NAME, POSITION, AGENCY, ADDRESS PHONE, FAX AND EMAIL ADDRESS OF NOMINEE:</p>	
<p>2. PLEASE DESCRIBE THE HUMAN SERVICE THAT IS BEING PROVIDED:</p>	
<p>3. OF THE FOLLOWING HUMAN SERVICE CATEGORIES, WHICH DOES THIS SERVICE MOST CLOSELY FIT AND WHY:</p> <ol style="list-style-type: none"> 1. achieve self-sufficiency, 2. have their basic subsistence needs met, 3. avoid institutionalization, 4. retain shelter and independence, 5. remain well, 6. maintain healthy lifestyles, or 7. otherwise prevent future problems related to these needs. 	
<p>4. IN WHAT WAY IS THIS ACTIVITY A UNIQUE CONTRIBUTION TO THE PROVISION OF HUMAN SERVICES ??</p>	
<p>5. DESCRIBE THE GEOGRAPHIC AREA OR JURISDICTION IN FLORIDA RECEIVING THE SERVICE:</p>	
<p>6. DESCRIBE HOW THE SERVICE IS MORE EFFICIENT AND / OR MORE EFFECTIVE THAN PREVIOUS SERVICES, AND PLEASE PROVIDE SUPPORTING INFORMATION:</p>	
<p>7. WHAT IS (ARE) THE PERFORMANCE MEASURE(S) THAT HAS (HAVE) BEEN SET AND HOW OFTEN HAS IT (HAVE THEY) BEEN ACHIEVED ??</p>	
<p>8. WHAT OTHER AGENCIES, IF ANY, HAS THE PROVIDER PARTNERED WITH IN THE COMMUNITY ??</p>	
<p>9. WHAT DATA SUPPORTS THE FACT THAT THIS PROGRAM IS DOING AN EXCEPTIONALLY GOOD JOB FOR FLORIDA RESIDENTS ?? PLEASE CITE AND EXPLAIN ALL SUCH DATA.</p>	

Please use extra sheets to complete your answers when necessary. Thank you.