



Sharon Carstairs Caring Community Award

Purpose: To recognize and support exemplary leadership by a community or a community organization in providing or improving hospice and palliative care service in Manitoba.

Criteria: Must be a community or community organization based in Manitoba that meets the following:

The specific project:

- Identifies a project that the organization wishes to pursue in the community.
- Outlines the planned use of the Sharon Carstairs Caring Community Award (financial award intended for a specific purpose beyond general operational funds).
- Identifies plans or on-going efforts to solicit matching funds if appropriate.
- Demonstrates current impact on the community (e.g. the number of clients/families served in community or facility, the number of staff/volunteers educated and involved (direct care, fundraising, or otherwise)).
- Demonstrates community engagement and creative use of resources.

The Award: The successful applicant will receive a certificate and a cheque for **\$1,500.00** (one thousand, five hundred dollars). The award will be presented at the Palliative Manitoba Provincial Conference on Friday, September 13, 2019 at 1:00 pm. The Award will be given to only one community or organization each year and not to the same group in consecutive years. Past winners are eligible to reapply after two (2) years.

Requirements:

- Completed application form signed by the applicant must be received or post marked by Palliative Manitoba no later than Thursday, July 18, 2019.
- At least two letters of support by people not directly involved in the project.
- The successful applicant allows his/her name and the name of the organization/group to be used in Palliative Manitoba promotional materials.



Sharon Carstairs Caring Community Award Application

The Awards Committee can only use the information provided by the applicant in its deliberations. Please include as much information as possible. Supporting documentation can include news clippings, pamphlets, or testimonials.

Group or Organization

Name:

Mailing Address:

City/Town:

Postal Code:

Phone Number(s):

Email:

Primary Contact

Name:

Mailing Address:

City/Town:

Postal Code:

Phone Number(s):

Email:

DESCRIPTION OF THE ORGANIZATION: Describe the organization to illustrate the criteria outlined above including a history within your community. In addition, is there anything unique about your organization and activities that we should know about? (400 words max.)

DESCRIPTION OF THE SPECIFIC PROJECT: Describe the specific project for which the community or organization is being considered. Identify the planned use of the Sharon Carstairs Caring Community Award (financial award intended for a specific purpose rather than general operational funds). (400 words max.)

OUTCOME: When will this project be completed? What is the impact of the project's efforts on others? Who and how many are impacted by this project? (200 words max.)

BUDGET: List the total project expenses. Outline the specific use of the Sharon Carstairs Caring Community Award funding, identify how other revenues will be raised and money already raised if applicable (i.e. matching funds).

REFERENCES AND/OR SUPPORTERS

Please include at least two letters of support by people who are not directly involved in the project.

Name:	Address:	Phone:	Email:
-------	----------	--------	--------

1. _____

2. _____

I understand that this application is being forwarded to Palliative Manitoba and that all applications shall be confidential between the applicant and the Awards Committee. Should this application be chosen as the recipient of the Sharon Carstairs Caring Community Award, the undersigned and the organization I represent understand that personal information from the nomination material may be made public. We agree to have representatives of our organization attend the public event where the award will be presented and understand that there will be no registration fee required for the representative's attendance.

Signature of Primary Contact: _____ **Date:** _____

Please submit the completed application:

Email: info@palliativemanitoba.ca
Phone: 204-889-8525 or 1-800-539-0295
Mail: Awards Chair
Palliative Manitoba
2109 Portage Avenue
Winnipeg, MB R3J 0L3
Fax: 204-888-8874

The successful applicant will be notified by Palliative Manitoba on or before September 1, 2019.

Thank you for your application!