



2020 NCSEA Innovative Partnership/Collaboration Award Application

Program Overview & Nominee Information

The 2020 NCSEA Innovative Partnership/Collaboration Award recognizes innovation in partnership between a child support agency and any other group(s) that assists families. This includes, but is not limited to, collaborations between a child support agency and court or another agency, organization, or program serving parents, families or children. Consideration will be given for innovation and creativity in programs designed to be impactful on the child support program.

If the nominator is NOT the IV-D Director, he/she must indicate whether they have shared the recommendation with the State IV-D Director. At least one public sector individual (excluding the individual being nominated for the award) must be the nominator or an additional reference.

The deadline for 2020 award submissions is Thursday, July 9, 2020. Questionnaires must be completed by that date. Incomplete submissions will not be considered.

Supporting materials may be submitted via email to annmarieruskin@ncsea.org. If the supporting materials include a video, it is preferred the video be available for online viewing (e.g. via You Tube, Vimeo, etc.). All other supporting documentation must be submitted electronically. Supporting materials must be received by July 9, 2020, or they will not be considered in the evaluation process.

In light of the cancellation of the NCSEA 2020 Leadership Symposium, the award presentations will be done virtually at a date to be determined.

If you have questions about the application, please contact Ann Marie Ruskin, NCSEA Executive Director, 703-506-2885, or annmarieruskin@ncsea.org.

*** 1. Please provide us with the following information about the agency you are nominating:**

Title of Program
Awareness Project

Agency/Organization:

Primary Contact:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Email Address:

Phone Number:

*** 2. Please provide us with the following information about you.**

Name:

Agency/Organization:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Job Title:

Email Address:

Phone Number:

*** 3. Please provide us with the following information the individual seconding the nomination.**

Name:

Agency/Organization:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Job Title:

Email Address:

Phone Number:

*** 4. If the IV D Director is not submitting or nominating this award submission, is the IV D director aware of the submission?**

Yes

No

Name of IV-D Director:



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Award Questions

*** 5. Please provide a brief summary of the collaboration. Please limit your reply to 500 words.**

*** 6. Describe the scope of the collaboration project being submitted for nomination. Please include purpose, goals, target audience, agencies or other collaborative partners and other descriptive information. (maximum 500 words)**

*** 7. What is the empirical or statistical evidence that this collaboration is successful and is meeting its objectives? (maximum 500 words)**

*** 8. Please affirm that the statements in this application are true, to the best of your knowledge.**

Type your full name and today's date as affirmation of your agreement.