NCSEA
Shaping the Future of Child Support

2020 NCSEA Program Awareness Award Application

Program Overview & Nominee Information

The NCSEA Program Awareness Award recognizes an organization that has developed an innovative and effective approach and strategy to increase public awareness of the child support program or public awareness about how child support enhances the well-being of children and families. Empirical evidence should be provided to support the applicant's case that their program/strategy has had a positive impact on the awareness and use of 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 must be the nominator or an additional reference.

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 the posted deadline or they will not be considered in the evaluation process.

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

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 individual or agency you are nominating:**

Title of Program Awareness Project

Agency/Organization:

Primary Contact:

City/Town:

State/Province:

ZIP/Postal Code:

Email Address:

Phone Number:

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

Name:

Agency/Organization:

City/Town:

State/Province:

ZIP/Postal Code:

Job Title:

Email Address:

Phone Number:

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

Name:

Agency/Organization:

City/Town:

State/Province:

ZIP/Postal Code:

Job Title:

Email Address:

Phone Number:

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Award Questions

To assist the NCSEA awards committee in evaluating nominees, please respond to the following questions and provide necessary information to substantiate or support your answers regarding the nomination you are making.

Support materials should be submitted via email to Ann Marie Ruskin at 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.) as it is difficult to distribute video materials to the committee members. All other supporting documentation must be submitted electronically. All supporting materials must be received by July 9, 2020, or they will not be considered in the evaluation process.

*** 4. Please provide the month and year this program was first introduced. NOTE: The program must be in place for minimum of one year.**

*** 5. Describe the scope of the public awareness project being submitted for nomination. Please include (where applicable):**

- **Objective**
- **Goals**
- **Target audience**
- **Media & outreach tools**
- **Collaboration with other agencies**
- **Other descriptive information.**

Please limit your reply to 500 words.

*** 6. How does the project show creativity in communicating the program's initiatives? Please describe in 500 words or less.**

*** 7. What is the evidence that this submission was successful in reaching the public? Do the actual results meet previously stated objectives?**

*** 8. What empirical evidence or data can support the case that this program/strategy has had a positive impact on the awareness and use of the child support program?**

*** 9. Is the IV-D director aware of this nomination? (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.)**

- ○ Yes
- ○ No

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

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