

2020 OMSSA Awards and Recognition Program Lifetime Achievement Award Nomination Form

| Nomination Deadline | e: March 2, 2020 |
|---|---|
| NOMINATOR INFO | RMATION |
| Your Name: | Date: |
| Position / Title: | |
| Email Address: | |
| Phone Number: | |
| NOMINEE INFORMA | ATION |
| Name of I | Nominee: |
| Nominee Positi | on / Title: |
| Nominee Email | Address: |
| Nominee Phone | Number: |
| Nominee's Organization (Municipality / CMSM / DSSAB): | |
| Start Date (year) to Retirement Date (year): | |
| | |
| *Please <u>review eli</u> | RECORD OF ACHIEVEMENT gibility criteria on our website and limit each response to 300 words or less |
| by at least two of the | les of the nominee's active participation with the association, evidenced following: OMSSA networks; OMSSA task forces / working groups; OMSSA's Board of Directors; etc. |



| Please provide examples of the nominee's representation of OMSSA on at least one external table, thereby making contributions to human services' policy and implementation in Ontario. |
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| Please provide examples of a meaningful contribution from the nominee that strengthened the association in one of the following areas: policy development; educational programs and events development; governance and sustainability; reputation with external stakeholders. |
| Please provide examples of a meaningful contribution from the nominee to the improvement of human service policy and implementation at any order of government. |