

# The 2014 Western Region Summer Sunshine Awards

## Application Package

The *Summer Sunshine Awards* recognize the outstanding achievements of individuals and groups who work hard to administer the Summer Food Service Program (SFSP)/Seamless Summer Option (SSO) and provide nutritious meals to children during the summer months in the Western Region states/territory of: Alaska, Arizona, California, Guam, Hawaii, Idaho, Oregon, Nevada and Washington.

### A. Eligible Applicants and Award Categories

Western Region Office (WRO) will accept nominations of sponsors operating either the SFSP or NSLP Seamless Summer Option in the following four categories:

1. Program Expansion in Local Communities
2. Successful Community Partnerships
3. Reaching Rural and Underserved Communities
4. Strategies to Promote Nutrition and Wellness.

Sponsors may submit a self-nomination or be nominated by other group(s). The application/entry form on the following page contains detailed information on each award category. The application/nomination should designate the *one* (and only one) award category that most signifies a sponsor's achievements.

### B. How to Apply for the Sunshine Awards and Deadlines

Any one submitting nominations must use the *2014 Summer Sunshine Awards Entry Form* contained in this application package to submit their nominations. The application must effectively present the sponsor's accomplishments and other noteworthy achievements in the specific award category noted on the application.

Submit nominations to SFSP/SSO State agencies by the due date established by the State Agency. State agencies must then forward their nominations and all other nominations to the WRO no later than **October 1, 2014**.

### C. Application and Evaluation Process

Sponsors or others submitting a nomination(s)/application(s) must ensure the application is complete. The narrative section is limited to the application space provided. Nominations should incorporate sufficient information to effectively evaluate the accomplishments under the appropriate category. Narratives that can clearly illustrate how the particular program or activity is innovative, sustainable, cost effective, and transferable receive the highest consideration.

Scoring is based on the five areas listed below:

(1 = lowest score to 10 = highest score; Total Maximum Score: **50 points**)

- **Innovation (1-10 points)** How innovative was the program in achieving its goals?
- **Sustainable (1-10 points)** How sustainable is the program over time?
- **Cost-Effective (1-10 points)** Does the program make good use of available resources and cost-saving practices--e.g., partners with other entities, use of non-program resources such as volunteers?
- **Transferable (1-10 points)** Can others easily replicate or transfer the program?

- **Presentation (1-10 points)** How complete, detailed, organized and well-presented is the nomination?

The *2014 Western Region Summer Sunshine Awards* committee will select award winners in the following four categories:

**1. Program Expansion in Local Communities**

This award will go to a sponsor(s) that has substantially increased the number of summer meals served at its sites (by comparing summer 2014 to summer 2013 or comparing the beginning of summer 2014 to the end of summer 2014). We will consider any sponsor that increases meals by serving additional meals, bringing in more children, adding additional sites or increasing operational hours or days.

**2. Successful Community Partnerships**

This award will go to a sponsor(s) that collaborated with other organizations to strengthen their Summer Food Service Program/Seamless Summer Option in local communities. Examples of successful community partnerships include working with other organizations to assist with SFSP/SSO promotion efforts, program operations, or to provide activities for participants.

**3. Reaching Rural and Underserved Communities**

This award will go to a sponsor(s) who started or expanded the SFSP/SSO for a distinct population of children or in a challenging community (such as rural/underserved). In this category, we will consider any sponsor/group that started or supported the expansion of summer meals to a specific population of children or rural/underserved community.

**4. Strategies to Promote Nutrition and Wellness**

This award will go to a sponsor(s) that incorporates strategies to promote nutrition and wellness into their program design and activities. This award will go to a sponsor(s) that incorporates strategies to promote nutrition and wellness into their program design and activities.

Examples include providing training on healthy menu planning and food preparation, offering nutrition education to participants and/or their families, increasing procurement of local foods, supporting garden-based activities, promoting physical activity, and creating SFSP environments and policies that facilitate children's healthy food choices.

**Notification of winners**

WRO will notify winners in writing approximately 60-90 days after the October 1<sup>st</sup> due date. Selected nominees and category winners may be featured in a regional or statewide publication or invited to participate in local meetings promoting the SFSP/SSO. Please be aware that there is no monetary compensation for these awards.

**Questions**

Any questions regarding these awards should be directed to the State agency submitting the nomination(s).

## 2014 Summer Sunshine Awards Entry Form

**Instructions:** Please complete the requested information for consideration for a 2014 Western Region Summer Sunshine Award. Please limit response to the space provided. Nominations may not be considered if incomplete data is received.

### Section I: Basic Information

<b>Program Name:</b>			
<b>Applicant's contact information:</b>		<b>Applicant's Mailing Address:</b>	
Name: _____		Street: _____	
Title: _____		City: _____	
Phone: _____		State: _____	
Fax: _____		Zip Code: _____	
Email: _____			
If you are nominating a program, please provide your information:			
Name and Title: _____			
Phone and Email: _____			
<b>Award Category:</b> (check only one and do not leave this section blank)			
<input type="checkbox"/> Program Expansion in Local Communities <input type="checkbox"/> Successful Community Partnerships <input type="checkbox"/> Reaching Rural and Underserved Communities <input type="checkbox"/> Strategies to Promote Nutrition and Wellness			
Meal service(s) provided during summer (check all that apply):			
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper			
<b>Program Information for:</b>			
	<b>2014</b>	<b>2013</b>	<b>2012</b>
Total Number of feeding sites			
Total Average daily attendance			
If you are part of a partnership, please list the amount of money and/or additional resources (staff time, donated food items, etc.) your partnering agency or agencies contributed to the 2014 Summer Program:			
a. money: \$ _____			
b. additional resources (specify): _____			
<b>Optional Information:</b>			
Organization's History (Date founded, mission, community served, size of community) and Size of Organization (number of paid staff and volunteers, current annual budget, other partnerships):			

## 2014 Summer Sunshine Awards Entry Form

### **Section II: Narrative.**

Describe in detail the highlights of your program and explain how it supports this nomination for the award category checked above. Whenever possible, please illustrate how your program or activity is innovative, sustainable, cost effective, and transferable. Be specific about results achieved. Specific details will be given greater value than generalities. Please limit narrative to the space provided in the box below. A few pictures can be included as additional supporting information.

**Program Name:**

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\*\*\*\*\**FOR STATE AGENCY USE ONLY*\*\*\*\*\*

**Please ensure the sponsor applying for the award is in good standing with a clean review (no major findings) during their last review. Please also provide a brief statement explaining why this program is worthy of being recognized.**

SFSP State Agency:
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Name and Title of State Agency Personnel:
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Brief statement:
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Signature:	Date:
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