2025 PROMISING PRACTICES AWARDS

SAMPLE APPLICATION

*This is a sample of the award submission form to reference as you consider how to answer. Please note that the online form is at* [*https://www.surveymonkey.com/r/8WNDGYV*](https://www.surveymonkey.com/r/8WNDGYV%20) *and you cannot save that online form once you begin. Top of Form*

Please keep this in mind as you work on your application: it may end up being used as a blueprint for implementing your Promising Practice around the country or around the world!

To ensure your application is as strong as possible, we recommend that you provide as much detail as possible, including a clear explanation of your practice and its proven outcomes.

At the end, you will have an opportunity to attach any supplemental documents. Please be sure to include photos of the practice (any photos you submit means you are confirming you have rights to the images and signed approvals from subjects).

**If you have any questions about this application, please contact Ajla Basic at** **abasic@mather.com**

APPLICATIONS DUEFRIDAY MAY 16, 2025

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Organization: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. |
| State/Province/Region: | Click or tap here to enter text. |
| Zip Code/Postal Code: | Click or tap here to enter text. |
| Country:  | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

What is the name of your Promising Practice?

Click or tap here to enter text.

Please indicate the Area of Innovation of your organization’s Promising Practice

|  |
| --- |
|[ ]  Culture Change |
|[ ]  Safety/Risk Management |
|[ ]  Wellness |
|[ ]  Technology |
|[ ]  Workforce Development |
|[ ]  Resident/Customer Experience |
|[ ]  Inclusion and Belonging |
|[ ]  Community-Based Services |
|[ ]  Other (please specify) Click or tap here to enter text. |

What is your Promising Practice? What is its purpose? Describe the practice, including: (400-word limit)

* What activities were included?
* What resources did you need (e.g. financial, organizational, human)?
* What makes it innovative?

Click or tap here to enter text.

How do you know your Promising Practice was successful? What were the outcomes, evidence, or data that you used to measure that success? (150-word limit)

* Do you have evidence that is formal (systematic process for getting feedback or collecting data, e.g., QAPI process, formal surveys, evaluation forms, structured interviews)? If possible, please submit your survey, evaluation form, or interview guide.
* Do you have evidence that is informal (not systematically collected, e.g., anecdotal conversations, unsolicited phone calls of appreciation or feedback, 1:1 conversations, or letters)?
* What other kind of data or documentation do you have (e.g., photos, testimonials, media coverage/PR)? If possible, please submit copies (make sure information is HIPAA compliant).

Click or tap here to enter text.

What advice or lessons learned could you share with others about developing, implementing, and/or sustaining your Promising Practice? Has this program been replicated in other organizations? (200-word limit)

Click or tap here to enter text.

Do you have anything else that you would like to share about your Promising Practice? (100-word limit)

Click or tap here to enter text.

Please give us a short description of your organization. (100-word limit)

* Mission
* Goals
* Type of Ownership (e.g., not-for-profit, for profit, government owned)
* Population Served (e.g., demographics, characteristics, number served by this initiative, number served by your organization)

Click or tap here to enter text.