



Ontario Rehabilitation, Work & Community O.R.W.C.

Innovation Awards Criteria

This year there will be one O.R.W.C. Innovation Award presented. The Innovation Award Plaque and a \$500 cash award will be presented to the successful agency at the O.R.W.C. Conference in September.

The criteria for evaluation will be applied to five key elements: Program, Operations, Funding Evaluation, and Innovation. The program will be evaluated through assessment of written policies, procedures and information regarding funding, promotional materials, program administration and organizational structure.

Name of Applicant: _____

Contact Person: _____

Address for Correspondence: _____

Telephone: _____

Fax: _____

e-mail: _____

Web Page Address: _____

O.R.W.C. Member Agency?: Y/N

Name of Project: _____

PROGRAM EVALUATION

Give a general overview of the program model.

What are the project objectives?

Describe the population profile and intake criteria.

How many individuals will be served full time?

OPERATIONS EVALUATION CRITERIA

How long has the program been in operation?

Describe the facilities used (location, equipment, number of personnel).

Describe how the outcomes of the project will be measured providing samples of tools and/or templates.

Describe all formal partnerships developed to support this program model, financially and operatively.

FUNDING EVALUATION

Describe the funding sources and duration of funding.

Explain the financial sustainability of the project.

Describe any ongoing efforts to secure funding.

INNOVATION

Explain the innovative elements of the program model.

How is the use of best practices demonstrated in this program model?

What makes the program unique to the field or population served?

PLEASE INCLUDE THE FOLLOWING

Letters of support from the community

Copies of any reports or studies to support the need for your program model

Samples of data collection to support the evaluation process

Budget summary and audited financial statement.

DEADLINE FOR SUBMISSIONS: July 31, 2005

Please contact Jim Paul at the address below for any inquiries.

FORWARD COMPLETED APPLICATIONS TO:

Jim Paul
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Smiths Falls, ON
K7A 2A6
613-284-1280