THE REHABILITATION FOUNDATION
1439 BUFFALO STREET • OLEAN, NY 14760

The Carroll – Sherwood Memorial Award

Name of Department/program requesting award: _____

Employees requesting award: (Submission must receive support from 1-3 co-workers):

_____
_____
_____

The purpose of this award is to recognize an agency department or program that puts forth a creative, "out of the box", initiative that will support the agency's mission, incorporate its values and enhance the department.

1. State plans for the award: (Keep in mind "out of the box", not funded by traditional funding sources).

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2. How does this support The ReHab Center's mission?:

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3. How does this incorporate agency values?:

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4. How does this promote teamwork in your immediate department/program?:

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5. Please explain the costs that are involved. *(A maximum $400 award will be given out each year.*):

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Submitted by: _____ Date: _____

Program/Department: _____

Director's signature: _____ Date: _____