



2019 Start Bright Impact Awards Nomination Form

Nominee Information:

Name: _____

Address: _____

E-Mail: _____

Phone: _____

Nominated by:

Name: _____

☐ Family/Group Family/Legally Exempt Provider

☐ Child Care Center/School Age Staff

☐ Parent

☐ Child

Address: _____

E-Mail: _____

Phone: _____

Nomination Application:

Program name *(if applicable)*:

How long has this nominee been a family/group-family/legally exempt child care provider or a child-care center/school-age child-care staff member? *(if known)*

How do you know the nominee?

What made you decide to choose this person as a nominee for the Start Bright Impact Award?

Please provide specific examples of how this person has gone above and beyond typical or expected duties:

Please provide any additional information that you think would be helpful in judging the nomination:

☐ I agree to allow Child Care Council to share this story at the Start Bright Gala and in marketing materials.

Signature _____

Print name _____

Note: If more space is need or if you would like to submit additional background materials, please send along with this completed nomination form to:

Gina Barber, **Confidential - Start Bright Impact Awards Committee**, Child Care Council, Inc., 595 Blossom Road, Suite 120, Rochester, NY 14610.

Nominations must be received by August 31, 2019.

Save the Date! The awards will be presented at the Council's Start Bright Gala, October 16, 2019 at Locust Hill Country Club, 2000 Jefferson Road in Pittsford.