



## 2011 Free Clinic Partnership Award

This award was created by the Ohio Association of Free Clinics (OAFC) in 2004 to honor corporations or businesses (both for profit and nonprofit) that have contributed significantly to either the OAFC or to free clinics.

One recipient may be selected each year and honored at the OAFC Annual Conference. The recipient is selected based on careful review of the following (weighted) criteria:

1. Financial Contributions to the OAFC or to free clinics. (40 points)
2. In-kind Contributions to the OAFC or to free clinics. (40 points)
3. Advocacy on behalf of the OAFC or free clinics and/or on behalf of uninsured Ohioans. (20 points)

The OAFC or any OAFC member clinic may nominate a worthy candidate. Candidates may be from profit or nonprofit corporations, such as hospitals/health systems, foundations, state associations, local small businesses, physician groups or laboratories.

Previous award winners include: St. Luke's Foundation, Anthem Blue Cross Blue Shield, Select Optical, and Cleveland Clinic Wooster.

For questions about the application, please contact Susan Labuda Schrop, OAFC Education Committee Co-Chair, at [sschrop@neoucom.edu](mailto:sschrop@neoucom.edu). Nominations will be reviewed by the OAFC Education Committee and confirmed by the OAFC Board of Directors. All nominations must be typed and submitted to:

Sheila Fox, Event Coordinator  
Ohio Association of Free Clinics  
118 Graceland Blvd. #189  
Columbus, Ohio 43214  
(866) 727-5308 (fax) 614-547-2160 (Phone)  
[sfox@eventinsite.com](mailto:sfox@eventinsite.com)

Nominations must be received by 5:00 pm on August 31, 2011 by US mail, fax or email.

OAFC expects to make its decision by September 12th so that appropriate arrangements can be made for the recipient to attend the 12<sup>th</sup> Annual Ohio Free Clinics Conference, October 10 & 11, 2011 at the University Plaza Hotel in Columbus. The award will be presented at the Awards Luncheon on Tuesday, October 11th.

A complete nomination will be typed and provide the following information in this order:

- I. Information to identify the NOMINEE:
  - Name of Corporation/Business
  - Corporate Contact
  - Address
  - City, State, Zip
  - Phone (day)
  - Phone (evening)
  - Email

## II. Reasons for Nomination

The nominator shall provide a response for each criterion listed below. Additional paper for these statements may be used, but please limit your response for each criterion to one page, double-spaced.

1. Financial Contributions to the OAFc or to free clinics (40 points)
2. In-kind Contributions to the OAFc or to free clinics (40 points)
3. Advocacy on behalf of the OAFc or free clinics and/or on behalf of uninsured Ohioans (20points)

## III. Information to identify the NOMINATOR:

Name  
Address  
City, State, Zip  
Phone  
Email

IV. You are welcome to submit supplemental information including newspaper articles, letters of support, etc.

Thank you for your time in helping the OAFc identify "Free Clinic Partners"!