

**6<sup>th</sup> ANNUAL FIESTA OF HOPE**  
**AWARD NOMINATION FORM**

I nominate this candidate for the, (specify award):

Nominee:

Reason for Nomination:

Agency/Workplace, if appropriate:

Address:

Phone:

Email contact: \_\_\_\_\_

Nomination form submitted by:

Name:

Agency/Workplace, if appropriate:

Address:

Phone:

Email contact \_\_\_\_\_

Is the nominee aware of the Nomination? Circle one:    Yes    No

Please return your nomination form by March 1, 2010 to:

***Mental Health Commission, 1270 Natividad Road, Salinas, CA 93906***

**AWARD DESCRIPTIONS:**

**Jerry Smith Mental Health Commission Service Award**

This award is given to someone from the community who has been a champion for service delivery for those with mental illness in our community.

**Jay Foss Mental Health Clinical Service Award**

This award is given to a practitioner who has given outstanding services to consumers of mental health services in our community.

**Outstanding Consumer Award**

This award is given to a consumer of mental health services in our community who has utilized the services to a significant degree and made real progress in their ability to function in the community.

**Crisis Intervention Award**

This award is given to officers that are CIT trained and who have performed above and beyond their duty.