



COMPASSION AWARDS NOMINATION FORM

Help us recognize outstanding community members and supporters of our organization.

Premier Community HealthCare values the significant contributions to improve the health of area residents that individuals, organizations, and businesses have made in our community. The Compassion Awards honor a person, group and/or business for their work to improve the health of medically underserved populations in Pasco and Hernando Counties.



Champion of Community Health Award

Presented to an individual who has demonstrated a long-lasting and direct impact on improving the health and well-being of their community through their leadership, passion, and strategic vision for a better future. The recipient embodies the Premier Community HealthCare values of Teamwork, Respect, Integrity, Compassion and Excellence by their commitment to community-based leadership.

Community Partnership Awards

Presented to a corporation, small business or organization who exemplifies the importance of community health through their commitment, motivation, and dedication to sustainably improve the health of under-served populations.

Two Community Partnership Awards will be presented in the following categories:

- **Small Business or Organization**
- **Large Business or Organization**

Eligibility Requirements and Selection Criteria:

Individuals, businesses, civic groups, service clubs and foundations who live and/or work in Pasco and Hernando County are eligible for nomination.

Premier Community HealthCare volunteers, patients, donors, and community members who have made a contribution toward Premier's mission through their time or talent are eligible to receive the award. Nominations for emerging and innovative leadership as well as long-standing accomplishments are encouraged.

**4th Annual Premier Community HealthCare Community Impact Breakfast |
August 28, 2024 | Spartan Manor | 7:30 AM**

4th Annual Community Impact Breakfast Celebrating Premier's 45th Anniversary on August 28, 2024 and must be present to accept the award.

NOMINEE CONTACT INFORMATION:

NAME _____

ORGANIZATION/AFFILIATION/COMPANY: _____

TITLE (IF APPLICABLE): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

WEBSITE (IF APPLICABLE): _____

NOMINATOR CONTACT INFORMATION:

NAME _____

RELATIONSHIP TO THE NOMINEE: _____

ORGANIZATION/AFFILIATION/COMPANY: _____

TITLE (IF APPLICABLE): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Does the nominee know they were nominated for this award? Yes ☐ No ☐

NOMINEE NARRATIVE: (Please attach a Word Document with your responses)

Share more about the nominee by answering a minimum of one of the following questions.

- What activities and/or leadership roles (past or present) is the nominee involved in that make their community a healthier and better place to work and live?
- How do their voluntary and philanthropic contributions mirror the mission of Premier Community HealthCare – To provide accessible healthcare services for all?
- How do they serve as a philanthropic leader, ambassador and/or community role model in the community to inspire others to do the same?
- Why are they deserving of a Premier Compassion Award?



Please submit the completed nomination form with nominee narrative by July 19, 2024 via email to rbennett@hcnetwork.org. For questions, contact Becky Bennett at 727-967-7509.