

Mildred Ramsey

2025 COMMUNITY INNOVATION AWARD NOMINATION FORM

Nominee _____

First and Last Name:

Address:

City:

State:

Zip Code:

County:

Phone Number:

Email Address:

Group or Organization of the Nominee, If Applicable:

Nominator _____

First and Last Name:

Address:

City:

State:

Zip Code:

County:

Phone Number:

Email Address:

Group or Organization of the Nominee, If Applicable:

The Mildred Ramsey Community Innovation Award honors an individual or organization that has transformed the lives of children and families through innovation, relationship building, and cultural inclusion, while working to reduce child maltreatment.

Nominees for this award may demonstrate a profound understanding of the needs of children and families within the community, act with cultural sensitivity and respect, and uphold the dignity and value of those they serve. They might also address immediate needs while considering broader social contexts, emphasize the importance of one-on-one support, and implement creative, innovative strategies that drive meaningful, positive change.

To complete the nomination, please submit the nomination form, the nominee's bio, a photo or headshot, a nomination narrative, and any supporting documents by **February 20, 2025**, to fspstraining@health.ok.gov.