# Intergenerational Impact Nomination Form 2025

MANITOBA
Healthy Aging
Awards

Celebrate older Manitobans who are making outstanding contributions in our communities.

This form, completed in its entirety, must be received by **Monday**, **August 4**, **2025**.

After you download your pdf form, complete the form and send it:

Email form to:

SeniorsBranch@gov.mb.ca

or

Mail to:

The Division of Seniors and Long-Term Care, 300 Carlton St, Winnipeg, MB R3B 3M9

#### **JUDGING**

A committee will review all of the nominations and assist in the selection of the award recipients.

NOTE: You may nominate yourself or someone else, but you may only submit a nomination in ONE category. Make sure you are completing the correct form.

#### INTERGENERATIONAL IMPACT AWARD

The Intergenerational Impact award recognizes the voluntary contribution of Manitobans (of any age) or organization (led by volunteers) that have created innovative solutions to improve the health of older adults in the community through meaningful intergenerational activities and connections. Recipients exhibit devotions to improving older Manitobans' lives and preventative health care through bridging generational barriers and cultivating meaningful connections.

#### **ELIGIBILITY CRITERIA**

- a Manitoba resident(s) or non-profit organization in Manitoba
- demonstrates creativity and initiative in planning, developing, and implementing intergenerational programs or activities that promote health and well-being
- actively involves multiple generations in meaningful activities that enhance the quality of life of older adults
- voluntary contribution must have been made in Manitoba
- nominations will not be accepted for elected federal, provincial or municipal representatives or whose activity is related to a position as a political appointee



# **Nomination Information**

**Are you nominating yourself or another person?** (Please check one)

Myself **Another Person** 

Mominee Tr	ntormation	
Salutation (optional)	: (Dr, Honourable, Sargent,	Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)
First Name:		Last Name:
Region in which nom	inee lives:	
Southern	Interlake-Eastern	Northern
Westman & Parkla	nds Winnipeg	
Address:		
Postal Code:	Phone Number:	Email:
Date of Birth:	Number of years invo	olved in your community activities:

### **Preferred Language of Communication:**

English French

# Nominator's Information (Person submitting the nomination)

Same as above

If different — compl	ete the following:			
Salutation (optiona	al): (Dr, Honourable, Sargent,	Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)		
First Name:		Last Name:		
Address:				
Postal Code:	Phone Number:	Email:		
Date of Birth:				
Preferred Language of Communication:				
English	French			

# **Achievement Description**

1. Provide a brief description of the nominee's involvement in promoting intergenerational activities that promote the health of older adults in their community. (3-4 sentences)

2. In what ways has it been challenging for community members of all ages to connect in meaningful ways in their community? How have these challenges been addressed or reduced by the nominee's contributions? (4-6 sentences)

3. Describe how the nominee has contributed to intergenerational connection in the community and any related accomplishments. (minimum 6 sentences)

4.	Describe how community members and organizations have responded to the nominee's efforts to promote intergenerational connection and activities in their community. (3-5 sentences)
5.	How has the nominee's work connecting with older adults inspired others in fostering intergenerational connections and/or activities? (5-7 sentences)
6.	Why does the nominee deserve to be recognized? (3-5 sentences)

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# **Supporting Material**

Supporting documents enhance the nomination by providing relevant additional information and examples that demonstrate your nominee's achievement(s). Examples may include testimonials, media articles, certificates, etc.

**1. Supporting Material** (*Provide a short description of the material here.*)

#### 2. Supporting Material

## **Declaration**

The Manitoba government is committed to ensuring the privacy of your personal information. The personal information collected is used solely for the purpose of the Awards Committee and resulting activities.

I confirm my nominee meets the eligible requirements and hereby declare that all the information provided in this application is true and accurate in every respect.

Email form to:

SeniorsBranch@gov.mb.ca

or

Mail to:

The Division of Seniors and Long-Term Care, 300 Carlton St, Winnipeg, MB R3B 3M9