The Diversity, Equity, & Inclusion Award recognizes and rewards County programs that foster and promote diversity and inclusion for employees and/or populations served. One program is selected as the recipient of the STARS Diversity Award each year. Additional programs may be selected for Honorable Mention. Selected programs receive a cash award and County-wide recognition.

Please attach narrative (not to exceed three pages) addressing the following:

1. Describe the particular diversity/ inclusion-related challenge or need to which this program responds.
2. Describe the program including date initiated, services provided, target population, and breadth of impact of program (i.e., countywide, department-wide, community, or region, etc.)
3. Please describe in detail how the program achieves one or more of the following goals:
   1. Provides or improves services and support for an underrepresented or at-risk group
   2. Creates a welcoming and inclusive workplace for County employees
   3. Provides innovative solutions for addressing diversity-related challenges
   4. Improves cultural competency or bridges communication, language or cultural gaps in the program or workplace
4. What strategies and/or methods are used to measure and monitor the program’s success?
5. How does the program support Departmental or County goals? How does the program align to Shared Vision 2025?
6. How might other departments or programs learn from or apply the successes you have achieved?

**The deadline for submission is Friday, October 27, 2023.   
Email your entry to** [**stars@smcgov.org**](mailto:stars@smcgov.org)**.**

**Please enter all information in this form and do not include extra attachments.**Selected programs will be notified. STARS recipients will be expected to present in person before the Board of Directors in January 2024, and Board of Supervisors in February 2024.

**Good luck and thank you for your participation!**

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| --- | --- | --- | --- | --- | --- |
| **Department:** | |  | | | |
| **Program / Project being nominated:** | | | |  | |
| **Contact person:** | | |  | | |
| **Phone:** |  | | | **Email Address:** |  |

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**Describe the program including date initiated, services provided, target population, and breadth of impact of program (i.e., countywide, department-wide, community, or region, etc.)**

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**What strategies and/or methods are used to measure and monitor the program’s success?**

**How does the program support Departmental or County goals? How does the program align to Shared Vision 2025?**

**How might other departments or programs learn from or apply the successes you have achieved?**

**Please list names of Program Employees as well as PONY Addresses below:**