

## Best Center Head Award

### 2023 DSWD PRAISE Individual Award

#### Award Definition

This award is given to recognize a center head who is able to plan and execute an efficient and effective management of the overall operation of the center or residential care facility that includes the administrative functions, supervision of personnel, and achievement of optimum rehabilitation, healing, recovery, and developmental goals concerns and management of cases of clients towards optimum rehabilitation.

#### Assessment Criteria

CRITERIA	SCORE
<b>1. Exemplary Work Performance</b> – The degree to which the individual rendered excellent work performance; it is the overall display of technical and/or supervisory competence, translated into concrete, verifiable outputs that contributed to the attainment of the center's work goals/tasks	<b>40</b>
<b>2. Resourcefulness and Innovativeness</b> – The degree of effectively managing strengths, opportunities, weaknesses, and threats of the Center as well as introduction of new/enhanced systems that contributed to the efficiency, effectiveness, and administration of the service	<b>30</b>
<b>3. Networking and Advocacy</b> – The degree to which partners/stakeholders are maintained and or developed to accomplish tasks and achieve organizational objectives and in pursuit of advocating policies, programs, services of DSWD to gain support and mutual cooperation	<b>20</b>
<b>4. Pursuit of Professional and Personal Development</b> – The commitment to public service that is honest, trustworthy, and with integrity as well as the commitment to continual learning and the ability to master new technical knowledge for oneself and for his/her team members; recognizes own strengths and weaknesses and pursues self-development; is flexible and open to change; deals effectively with pressure, maintaining focus and intensity	<b>10</b>
<b>Total</b>	<b>100</b>

#### Eligibility Criteria

- ☐ Must hold a Center Head position or those in OIC/ acting capacity for at least three (3) years prior to the time of nomination (Updated CSC Form 212 or Personnel Data Sheet and/or Special Order, if applicable)
- ☐ Have at least *Very Satisfactory* performance rating or its equivalent for six (6) semestral or three (3) annual rating periods prior to the nomination (performance rating certificate)
- ☐ Have not been found guilty of any administrative or criminal offense involving moral turpitude or does not have any pending case/complaint/grievance nor have been sanctioned by violating offices rules and policies against him/her within the last three (3) years prior to the nomination (certificate of no pending case/complaint/grievance)
- ☐ Must have accomplishments, which the nominee is being recognized for, within the last three (3) years prior to the nomination, and have been consistently and continuously carried out by the nominee during said period (supporting documents)
- ☐ Must have no overdue unliquidated cash advances, suspensions, and/or disallowances or deficiencies due to controllable factors as of the time/date of submission of nominations (certification)

### Nomination Details

<b>Name of Nominee</b>	
<b>Position</b>	
<b>Designation (if any)</b>	
<b>Directorate</b>	
<b>Office</b>	
<b>Division</b>	
<b>Unit</b>	
<b>Contact Nos.</b>	
<b>Email Address</b>	
<b>Status of Employment</b>	
<b>Length of Service in the DSWD</b>	
<b>Length of Service in the Position</b>	

<b>Name of Nominator</b>	
<b>Position</b>	
<b>Designation (if any)</b>	
<b>Office/Division/Unit</b>	
<b>Contact Nos.</b>	
<b>Email Address</b>	
<b>Date of Submission</b>	

Additional information about the Nominee:

Were you a previous DSWD PRAISE CO/FO Nominee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:
Were you a previous DSWD PRAISE CO/FO Winner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:
Were you a previous DSWD PRAISE National Finalist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:
Were you a previous DSWD PRAISE National winner/awardee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	Award category:

### Nomination Write-up:

- ☐ Each nomination requires the submission of one (1) hard copy nomination packet neatly packaged in a folio size clearbook containing the fully accomplished DSWD PRAISE Nomination Form and other documentary requirements. All accomplished nomination forms and all supporting documents should be scanned as a PDF file and saved into a zip folder.
- ☐ The write-up must highlight outstanding accomplishments or exemplary norms of conduct manifested within the last three years;
- ☐ Presentation of accomplishments or norms manifested should be in order of significance, complete with descriptions, justifications and should adhere to the following pointers:
  - o Use specific terms;
  - o State outstanding accomplishments or exemplary norms displayed and impact in brief factual and in bullet form;
  - o Present Impact of accomplishments by indicating how it was sustained/adopted, problems addressed, savings generated, people/office benefited and/or transactions facilitated

### **I. Executive Summary**

Write an overall statement on how the nominee's plan and executes an efficient and effective management of the operation of the center or residential care facility towards optimum rehabilitation of clients.

### **II. Exemplary Work Performance**

*a.) Cite incidents displaying nominee's demonstration of excellence in his/her delivery of work; performance of assigned tasks in a timely, consistent and orderly manner or Complete Staff Work (CSW) every time; application of his/her knowledge and expertise in troubleshooting/solving problems quickly; nominee's capacity for self-management such as through finishing his/her tasks even with minimum description, direction or supervision:*

*b.) Cite the nominee's superior accomplishments/ achievements; how she/he handled multiple workload effectively and delivered excellent results in a timely fashion, showed technical competence on areas of expertise and are able to teach/mentor/share this to others in the workplace:*

*c.) Attach the following means of verification, if applicable or available*

- OPCR for the 3 years
- Awards/recognition received by the Center Head and/or Center from stakeholders

### **III. Resourcefulness and Innovativeness**

*a.) Cite incidents displaying nominee's resourcefulness using the STAR Framework as a guide:*

*Situation (Challenges/Situation the nominee faced)*

*Task (Tasks involved in the challenge/situation)*

*Action (Action s/he took and why; what were the alternatives)*

*Result (Outcome of his/her action; were the objectives met and did it contribute to the overall performance of the center)*

*b.) Briefly describe how the nominee able to introduce new/enhanced systems to the Center for the better of the clients and service that were successfully accomplished/implemented. Attach documentation report for each successfully implemented activity*

*c.) Attach the following means of verification, if applicable or available*

- Documentation of good practice approved/published/implemented
- Documentation of resource mobilization activities
- Signed MOA/MOU with stakeholder for resource generating activities

#### **IV. Networking and Advocacy**

- a.) Cite partnerships that were formed in gaining support and mutual cooperation with external stakeholders*
- b.) Describe the nominee's methodologies or strategies for networking with partners and advocacy*
- c.) Attach the following means of verification, if applicable or available*
- *Activities cited on networking conducted to gain support and mutual cooperation*
  - *IEC materials developed, approved or published*
  - *Advocacy materials developed or printed (approved by the SMU or Regional Director)*
  - *Advocacy and/or networking activities conducted and documented*

#### **V. Pursuit of Professional and Personal Development**

- a.) What are the ways the nominee pursued professional and personal development*
- b.) Attach the following means of verification, as applicable or available:*
- *Completed/on-going studies on masteral/PHD/CES cited or certificates/diploma/TOR (transcript of records) submitted*
  - *Supervisory/managerial trainings with certificates submitted*

#### **Certification**

We attest to all facts contained herein and authorize the use of this information for publication. We understand that the PRAISE Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

**Printed Name and Signature:**

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**Nominee**

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**Nominator**