



AHCA/NCAL National Quality Award Program Silver Quality Award Submission Guidelines

AHCA/NCAL will be producing a custom, visual presentation celebrating the 2020 and 2021 Silver Quality Award recipients. This will be shown during the 2021 AHCA/NCAL National Convention.

If your center plans to attend AHCA/NCAL's 72nd Convention & Expo, either virtually or in-person, you must provide the following visual assets and supporting paperwork. Please see below for additional information regarding quality and type of images and video, and a video tutorial on how to digitally submit.

REQUEST OVERVIEW

This is not a vendor solicitation. Participation in this presentation is part of the official AHCA/NCAL National Quality Award program and is of no cost to the participant.

AHCA/NCAL is requesting the following items.

1. two photos
2. video shout-out
3. facility logo and
4. signed AHCA/NCAL image releases for everyone included in the photos and videos included in your submission.

The deadline to submit these items has been extended to Thursday, July 29th

REQUEST DETAILS

Please read all information below for items requested by AHCA/NCAL.



1) Two [2] photos that capture the spirit of your facility.

- A. **Exterior Photo Center Building** - One [1] photo of the exterior of the center only, please do not include staff or cars in the parking lot in this photo. This photo should be of your building only.



Exterior Photo Sample

Photo Quality:

- Images should be at least **1024x768 pixels** with 72 dpi or higher.
- Images should be **no smaller than 720x480 pixels**.
- A good guide for quality is each image should be at least 1 meg or larger in actual file size.

- B. **Staff or Group Photo** - One [1] photo of your center's entire staff or a group photo representing the various departments within your center (i.e. Administration, Nursing, Maintenance etc.)



Staff Photo Sample

TIPS:

- Photos that include residents and staff are strongly encouraged; please avoid submitting photos of empty rooms within your center.
- We highly recommend that you hire a professional photographer.



2) Your Center's Logo

Please provide us a stand-alone, digital file of your logo in high-resolution. Formats accepted are:

- .JPG
- .PNG
- or vector (.AI or .EPS formats)

3) Video Clip (Optional):

Please take a **20-second** video clip of a staff member or group answering just one of the following prompts. A sample clip can be found [here](#).

- Why are you grateful for the Quality Award process?
- Name one way the Quality Award criteria helped you navigate COVID-19?
- What would you like to tell other organizations who have not started the process?
- Share one thing you are most proud of (as it relates to your organizations Quality Award process)?
- Who would you like to thank for this accomplishment?

NOTES:

- Capture your video on a high-quality smart phone, I-pad or via a video conferencing application like ZOOM.
- Please provide your video clip in horizontal aspect ratio. Also make sure your video clip successfully recorded sound.
- Please provide us a stand-alone, digital file of your video clip in high-resolution. Formats accepted are:
 - .MOV
 - .MPEG4
 - .AVI

4) A signed AHCA/NCAL image release for each person depicted in your photos and video.

AHCA/NCAL's policy requires a completed AHCA/NCAL image release form be submitted. AHCA/NCAL cannot accept or use any photos or videos without a completed AHCA/NCAL image release. No other image release form will be accepted as a substitute. AHCA/NCAL's Image Release form must be used. A copy of the required AHCA/NCAL Image Release form is on the last page.



Individuals that sign the AHCA/NCAL photo release permit photographs, videos and other recordings be taken; and allow these digital images to be used by AHCA/NCAL in any media format (now or later) that is developed for any purpose related to AHCA/NCAL's mission, including educational, promotional, and awareness related uses.

NOTES:

- A completed AHCA/NCAL Image Release **for each unique individual (both staff and residents)** represented in all photos must be submitted. *If an individual is present in more than one photograph as part of your submission, please only submit one Image Release for that individual.*
- You should maintain copies of all the completed AHCA/NCAL image release forms submitted.
- It is recommended to have the forms signed by all those photographed in advance of your scheduled photo shoot.
- It is highly recommended that your photographer has extra copies of the AHCA/NCAL Image Release form to ensure forms are signed and collected.

SUBMISSION INSTRUCTIONS

1. **Take a moment to view the following video with tips on how to prepare and send your submission digitally by clicking [HERE](#).**
2. **Prepare Your Files**
 - **Name your files** by using your Center's name and year award was received (2020 or 2021). This will help us keep track of your submission (example: garden-grove-center-photo1.jpg).
 - **Place your files** in a folder, labeled with your Center's name.
 - **Zip your folder**, to help compress and reduce storage size.
3. **Send Your Submission Via [WeTransfer](#)**

For the basic, and free, WeTransfer service, you do not need to set up an account. You can transfer files as large as 2GB.

- [Click here to visit WeTransfer.](#)
- Type in your e-mail address
- Type in the recipient's email address: production@hendersoncreative.com
- Add message- include your facility name and year award was received (2020 or 2021).
- Find and attach your zipped file
- Click send
- We will receive an e-mail with a link to download your files.



The deadline to submit these items is on or before Thursday, July 29, 2021

Questions?

Any questions regarding the Submission Process please contact

Evelyn Henderson at

443-820-3104 x102 (studio)

410-905-2394 (cell)

or evelyn@hendersoncreative.com



Center's Name Here: _____

Release and Authorization to Photograph, Videotape or Otherwise Record

I, the undersigned, hereby consent to have my name, image, voice, likeness, biographical information, and statements (collectively, my "Likeness") captured, photographed, videotaped and/or otherwise recorded by the American Health Care Association/National Center for Assisted Living, its successors, assigns, licensees, agents, and legal representatives ("AHCA/NCAL"). I grant to AHCA/NCAL the right to use my Likeness for any purpose, commercial or non-commercial, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the "Materials"). This grant of permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that all Materials are the sole property of AHCA/NCAL, and that AHCA/NCAL may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that no Materials will be submitted to me for approval, that I will receive no compensation or other consideration for the granting of this permission or of the use of the interview, and that AHCA/NCAL shall be without liability to me for any ill effect resulting from the publication of my Likeness.

To the extent that I make any statement or endorsement about the goods and services offered by AHCA/NCAL, I affirm that my statements reflect my true and accurate beliefs based on my use of and experience with those products and services. I further release AHCA/NCAL from any and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of my Likeness that is consistent with this Release.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and AHCA/NCAL's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

Signature

Birth Date

Print Name

Date

If under the age of 18, or if not competent, please have the following completed by the individual's parent/legal guardian or authorized representative

I, _____, the parent/legal guardian/authorized representative of the person designated above, approve and consent to the execution of the foregoing release and waive all rights which I may have in connection therewith. I will not revoke my consent and I guarantee performance of the foregoing release.

Signature

Date

Print Name