Nominations from dues-paying states are considered for eligibility. Nominated leaders and programs should have a positive effect on the administration of state human resource programs. A state’s central human resource department or line agency human resource operations may administer nominated programs.

Programs and projects must have been operational for at least six months and must be transferable to other states. Selection criteria are based on the questions asked on the award application. Included in this packet are the specific criteria for each award and their categories. Nominations are encouraged in all areas of human resource management administration.

Additionally, please attach a one-page summary of the program and prepare a narrative answer for the questions listed below. Do not send supporting documentation. Provide a narrative answer for each of the following questions.

PROGRAM INFORMATION

Program Title: Click or tap here to enter text. State: Choose an item.

Contact Person: Click or tap here to enter text.

Contact’s Title: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Mailing Address: City, State, Zip

Telephone: Click or tap here to enter text. Fax: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

NOMINATOR INFORMATION

Nominator: Click or tap here to enter text. Title: Click or tap here to enter text.

State: Choose an item. Agency: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Fax: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

DETAILS

1. Please provide a brief description of this program.

Click or tap here to enter text.

1. How long has this program been operational (month and year)?

Click or tap here to enter text.

1. Why was this program created? (What problem[s] or issues does it address?)

Click or tap here to enter text.

1. Why is this program a new and creative method?

Click or tap here to enter text.

1. What was the program’s startup costs? (Provide detailed information about specific purchases for this program, staffing needs and other expenditures, as well as existing materials, technology and staff already in place.)

 Click or tap here to enter text.

1. What are the program’s operational costs?

 Click or tap here to enter text.

1. How is this program funded?

 Click or tap here to enter text.

1. Did this program originate in your state? [ ]  [ ]
2. Are you aware of similar programs in other states? [ ]  [ ]

 If yes, how does this program differ?

 Click or tap here to enter text.

1. How do you measure the success of this program?

Click or tap here to enter text.

1. How has the program grown and/or changed since its inception?

Click or tap here to enter text.