

AWARD APPLICATION

PROGRAM EXCELLENCE IN GOVERNANCE

GOVERNMENTAL ENTITY: _____

MAILING ADDRESS (INCLUDING COUNTRY):

NAME OF FULL MEMBER OR ADDITIONAL FULL MEMBER: _____

TITLE: _____

CONTACT PERSON: _____ E-MAIL: _____

BUSINESS PHONE: _____ MOBILE PHONE (Optional): _____

ELIGIBILITY AND DEADLINE: To be eligible, the nominee must be a full member or additional full member of IIMC (referred to simply as “Member” throughout this document). All relevant sections of the application form must be completed to be eligible. Applications must be received by March 15 at the IIMC headquarters at 8331 Utica Avenue, Suite 200, Rancho Cucamonga, CA 91730 or via confirmed email at Chriss@iimc.com.

PROGRAM CRITERIA: This application is submitted under a program as defined by the required criteria (see attached). Please check the box of the criteria for which the program is being nominated:

- (1) Cost savings,
- (2) Innovative revenue enhancement,
- (3) Introduction of innovative customer service,
- (4) Innovative outreach to citizens,
- (5) Innovative methods to increase public safety or welfare to the community or to segments of the community’s society
- (6) Innovative ways of collaborating with other municipal departments, cities or governmental entities to deliver better service to residents, or,
- (7) Superior leadership.

PROGRAM TIMELINE:

Date the program was established: _____

Date the program was completed or implemented: _____

JUDGMENT CATEGORIES: There are three main judgment categories. Please complete the questions on a separate sheet of paper for each of the following. Label Exhibit pages 1, 2 and 3 and attached to this award application, including any additional information that may be relevant:

- 1) **Define the Program:** Define the program parameters, elements and goals. If “Leadership” is the qualifying Program Criteria, define individual traits, programs resulting from leadership abilities and provide a complete resume of the Member. (Award 1 – 10 Points)
- 2) **Role of Member:** Describe and define the role and level of involvement of the Member in the project or program. If “Leadership” is the qualifying Program Criteria, fully describe and define the level and relate it to leadership skills, community involvement and community impact. (Award 1 – 10 Points)
- 3) **Program Outcomes:** Define the specific ways this program has enhanced, benefitted or positively impacted your governmental entity, customers and the community. If “Leadership” is the qualifying Program Criteria, fully describe and define the body of work exhibited through the Member’s abilities specific to the success and outcomes of the program. (Award 1 – 15 Points: to receive 10 points and up, successes should be clearly outlined and documented)

AFFIRMATION AND SUPPORT LETTERS:

A. I hereby affirm that I have participated at the following levels in my State/Provincial/National and/or at IIMC:

I have attended _____ State/Provincial/National Educational Meetings/Seminars in the previous two years;

AND/OR

I have attended the Institute/Academy Accredited by IIMC on _____ at _____.

AND/OR

I have attended the Annual Conference of IIMC at _____ on _____.

Notes: Any additional notes regarding State/Provincial/National or IIMC meetings/seminars/conferences:

B. If "Leadership" is the qualifying Program Criteria, I have attached three required support letters: Yes No

AFFIDAVIT OF MEMBER:

I hereby swear & affirm I am an eligible participating full member/additional full member in IIMC, that I have been a member of IIMC for two years as of the date of this application, that all required criteria have been fulfilled and are hereby submitted, and that the statements and facts as presented on this application are true and correct.

MEMBER NAME

MEMBER SIGNATURE

Date on this day, _____ 20 _____

AFFIDAVIT OF GOVERNMENTAL AGENCY:

I hereby swear & affirm that I am the Legislative Head or CEO of a Member Governmental Entity, that our Governmental Entity has not won this award in the past three years, that all required criteria have been fulfilled and are hereby submitted, and that the statements and facts as presented on this application are true and correct.

MAYOR/PRESIDENT/CEO NAME

MAYOR/PRESIDENT/CEO SIGNATURE

Date on this day, _____ 20 _____

FOR JUDGES ONLY:

Are statements A & B, and the Affidavit of the Member and Governmental Agency fully completed? YES NO
(If no, and if applicable, do not score the application)

Point total of application: Category 1: _____
Category 2: _____
Category 3: _____
TOTAL: _____

Please complete the questions on a separate sheet of paper for each of the following.

EXHIBIT #1

DEFINE THE PROGRAM

Define the Program: Define the program parameters, elements and goals. If “Leadership” is the qualifying Program Criteria, define individual traits, programs resulting from leadership abilities and provide a complete resume of the Member. (Award 1 – 10 Points)

EXHIBIT #2

ROLE OF MEMBER

Role of Member: Describe and define the role and level of involvement of the Member in the project or program. If “Leadership” is the qualifying Program Criteria, fully describe and define the level and relate it to leadership skills, community involvement and community impact. (Award 1 – 10 Points)

EXHIBIT #3

PROGRAM OUTCOMES

Program Outcomes: Define the specific ways this program has enhanced, benefitted or positively impacted your governmental entity, customers and the community. If “Leadership” is the qualifying Program Criteria, fully describe and define the body of work exhibited through the Member’s abilities specific to the success and outcomes of the program. (Award 1 – 15 Points: to receive 10 points and up, successes should be clearly outlined and documented)

