

# State Agency Recognition Awards 2012

## Nomination Form

*Type of Award: State Agency Recognition Award*

### Nominator's Information

Name:

Address:

Phone:

Email:

### Agency Information

Name of Agency:

Address:

Contact Person:

Phone:

Email:

Dept. Advocate:

Advocate's Phone:

Department Head:

### Areas of Impact

- Executive/Department Support (What type and how did you receive support?)
- Customer Service (What improved and how was it effective?)
- Contract Simplification (What caused the change and how was it implemented?)
- Electronic Commerce (How did this benefit SB/DVBE businesses?)
- Education/Outreach (What was developed and implemented?)
- Public/Private Partnerships (What new partnerships were formed?)
- Other (please specify) \_\_\_\_\_

**In the fields below, please explain why the specified agency deserves this nomination.**

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**Justification for nomination** *(Please use less than 1,900 characters including spaces)*

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**How did the Agency improve SB/DVBE participation?** *(Please use less than 1,900 characters including spaces)*

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Nomination #\_\_\_\_\_ *(DGS use only)*

**Performance measurements:**

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**Results achieved** *(Please use less than 1,900 characters including spaces)*

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**Increase in SB/DVBE participation** *(Please use less than 1,900 characters including spaces)*