

State Agency Recognition Awards 2015

Nomination Form

Type of Award: Advocate Award

Nominator's Information

Name:

Address:

Phone:

Email:

Advocate Information

Name of Advocate:

Agency:

Address:

Phone:

Email:

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 advocate deserves this nomination.

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

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

Nomination #_____ *(DGS use only)*

Performance measurements:

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

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