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| **DATE:** | | | | | | | Select date | |
|  | | | | | | |  | |
| **NOMINEE’S NAME:** | | | First, Last | | |  |  | |
| **AGENCY REPRESENTED:** | | | Enter Agency | | | **JOB TITLE:** | Enter job title | |
| **PHONE NUMBER:** | | | Enter phone# | | | **EMAIL ADDRESS:** | Enter email | |
| **MAILING ADDRESS:** | | | Street Address, City, State, Zip | | | | | |
| **NOMINATED FOR:** | | |  | |  | | |  |
|  | | **Provider Award:** For an individual who has exemplified the Family Based Service philosophy in the professional practice. | | | | | | |
|  | | **Program Award:** For outstanding or innovative family services or for a program that fills a gap in the existing services. | | | | | | |
|  | | **Lifetime Membership:** For an individual who has provided a minimum of seven years of meritorious service and/or employment in support of the Family Based Services philosophy. | | | | | | |
|  | | **Special Recognition Award:** For an individual or program that is innovative and responsive to immediate needs or current issues in keeping with the Family Based Services philosophy. | | | | | | |
| **NAME OF PERSON SUBMITTING NOMINATION:** | | | First, Last | | | | |
| **PHONE NUMBER:** | | | Enter phone# | | | **EMAIL ADDRESS:** | Enter email | |
| **MAILING ADDRESS:** | | Street Address, City, State, Zip | | | | | |
| **Reasons for Nomination:** | | | | | | | |
| Please include detailed information about the individual nominee. The more information the NDFBSA Board has to consider, the better your nominee’s chances are for recognition. | | | | | | | |

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| 1. Please describe how the nominee has shown outstanding and significant support of the Family Based Services philosophy and mission (can be found at <https://ndfamilybased.org/>) |
| Click or tap here to enter text. |
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| 1. Please describe the nominee’s exceptional leadership and contribution to the community. |
| Click or tap here to enter text. |
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| 1. Please describe the ways the nominee has demonstrated creativity and innovation in pursuit of Family Based Services, use of resources, personnel, and/or collaboration. |
| Click or tap here to enter text. |
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| **Please mail the completed awards nomination along with two letters of support *by March 1s*t to:** |
| North Dakota Family Based Services Association  Attn: NDFBSA President Elect  PO Box 9114  Fargo, ND 58106 |