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| **Contact Information for Person Submitting Entry:** |
| **Name** |       | **Date** |       |
| **Title** |       |
| **Mailing Address** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |
| **Email Address** |       |
| **Telephone Number (include country & city code)** |       |
| **Relationship to entry submitted** | **[ ]  Self****[ ]  Co-worker/colleague****[ ]  Subordinate** | **[ ]  Supervisor****[ ]  No relationship****[ ]  Other (specify):**       |
| **IAEM Membership Status** | **[ ]  IAEM Member** (no fee for submission)**[ ]  Non-member** ($75 fee for submission) |
|  |  |
| **Entry Submission Information:** |
| **Name of Person/Program/ Activity Nominated:** |       |
|  |
| **Contact Information for Award Nominee** (if different than above)**:** |
| **Name of Organization/Nominee** |       |
| **Contact Name for Organizations** |       |
| **Mailing Address** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |
| **Email Address** |       |
| **Telephone Number (include country & city code)** |       |
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| **This nominee or organization meets all of the eligibility requirements as listed in the Awards Guidelines?** | [ ]  Yes[ ]  No |
|  |
| **Award Category:** (Category of Award for this Nomination - Select Only One) |
| [ ]  **Business and Industry Award**[ ]  **Partners in Preparedness**[ ]  **Public Awareness**[ ]  **Technology & Innovation Award** |

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| **Brief Summary of the Program/Activity: (Maximum 100 words)** |
|       |
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| **Details of the Program/Activity: (Answer each section.)** |
| 1. Tell us why this program/activity was/is important, or explain why the individual deserves the award for which this entry was submitted. (maximum 200 words) |
|       |

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| 2. Number of staff, volunteers, and community members involved in program/activity. (max. 200 words) |
|       |
| 3. Tell us how staff, volunteers and community members were involved. (maximum 200 words) |
|       |

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| 4. Tell us how the tactical plans and budget were developed. (maximum 200 words) |
|       |
| 5. Tell us how the project has had an impact on your constituency or community. (maximum 200 words) |
|       |
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| **Financial Resources for the Program or Activity:** (To help judges evaluate both your efforts and the results, including the impact of your project, please estimate cash, grants and in-kind contributions that supported your program/activity. For consistency and comparison purposes, calculate values in U.S. dollars (go to [www.xe.com](http://www.xe.com) to use free on-line currency converter). |
| **a. Cash (actual financial contributions, donations, grants etc.)** |       |
| **b. In-Kind (value of materials, labor, etc., contributed to project)**  |       |
| **Total value of cash, grants, donations and in-kind resources (add a & b)** |       |
|  |
| **Impact of Program:** |
| **Number of people affected by your program/activity** |  |
| **Is your program/activity ongoing?**  | **[ ]  Yes** | **[ ]  No** |

**Nominations for the IAEM Global Awards *must* be submitted on this official nominations form. This form and any supporting letters of endorsement must be emailed to Karen Thompson at** **Thompson@iaem.com** **no later than the deadline listed on the Awards Guidelines.**

**Entry Fee:**

* There is no entry fee for current IAEM members who submit entries.
* If a non-member wishes to submit an entry, there is a $75 entry fee per entry.

**IAEM Administrative Procedures:**

* **IAEM members who use their membership status to submit an award nomination at the request of a non‐member** in order to avoid payment of the entry fee are in violation of the IAEM Code of Ethics.
* **Non‐members may ask an IAEM member to submit an entry on their behalf; however, the non-member entry fee will apply**. Non‐members who join IAEM within 60 days of submitting an entry may discount their membership fee by the amount of the entry fee.

Non-member entry fees must be remitted (with a copy of the official entry form) to: IAEM, Attention: Sharon Kelly, 201 Park Washington Court, Falls Church, VA 22046-4527.

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| **Payment Information for non-members:**(You may pay the entry fee via credit card; IAEM accepts VISA, MasterCard, American Express and Discover) |
| **Name of Credit Card Holder** |       |
| **Credit Card Number** |       |
| **Type of Credit Card** | **[ ]  VISA****[ ]  MasterCard** | **[ ]  American Express****[ ]  Discover** |
| **Expiration Date** |       |
| **Security Code** |       |
| **Billing Address (line 1)** |       |
| **Billing Address (line 2)** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |