

CSREES Partnership Awards Nomination Form

AWARD CATEGORY (please mark "X" in appropriate box) I. Mission Integration II. Multistate Efforts
 III. Innovative Program Models IV. Effective & Efficient Use of Resources

NOMINEE (please mark "X" in appropriate box) Team (limit of 35 members) Individual

NAME OF NOMINEE OR GROUP (If team, include each team member's name.) TITLE & INSTITUTION
 Be sure to include the exact name to be shown on the award.

TELEPHONE (include area code) FAX E-MAIL

CITATION (not more than 25 words)

JUSTIFICATION (Using the selection criteria, justify and document the nomination for Category I, II, III, or IV. For team nominations, include a brief but specific description for each team member (limit of 35 team members) of their particular substantial or significant role.) **DO NOT ATTACH MORE THAN ONE ADDITIONAL 8" x 11" PAGE (ONE-SIDED) FOR INDIVIDUAL NOMINATIONS OR TWO ADDITIONAL 8" X 11" PAGES (ONE PAGE, TWO SIDED) FOR TEAM NOMINATIONS. NOMINATIONS EXCEEDING THESE REQUIREMENTS WILL BE DISQUALIFIED.**

NOMINATOR NAME (printed) NOMINATOR TITLE & INSTITUTION

SIGNATURE OF NOMINATOR DATE

TELEPHONE (include area code) FAX E-MAIL

NAME & TITLE OF DEAN OR DIRECTOR (if not the nominator), PRINTED SIGNATURE OF DEAN OR DIRECTOR

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