



VPPA Annual Awards Application 2016

Award Nomination Form Instructions

To submit an entry, please follow these three easy steps:

- 1** Complete the nomination form and include a typed explanation (with additional papers, photos and drawings, if needed).
- 2** Secure a minimum of two specific letters of recommendation, other than from the nominator.
- 3** All nominations must be nomination must be received by the *Region X Awards Committee* by close of business on April 4, 2016.

By Mail or Electronic Mail:

c/o Rocky J. Simmons

Mission Support Alliance

PO Box 650 MS 54-27

Richland, WA 98952

Office: 509-373-1900 or Cell: 509-308-0777

Rocky.J.Simmons@RL.gov

2016 Nomination Form

Please place a check in the box to the left of the appropriate category:

<input type="checkbox"/>	Region X VPP Outreach Award	<input type="checkbox"/>	Region X Safety and Health Outreach Award
<input type="checkbox"/>	Region X VPP Innovation Award	<input type="checkbox"/>	Region X Mentor-of-the-Year Award

*Remember, candidates nominated for more than one category must have **separate and distinct** application and supporting materials for each award category. **This form must be accompanied by a typed explanation (with additional papers, photos, and/or drawings), and two letters of recommendation other than from the nominator, except for the Mentor-of-the-Year Award that requires three letters of recommendation.***

Name of Person/Site being nominated: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Plant Manager: _____

Company CEO: _____

Company's Six-Digit Member ID #: _____

Nominee Company's type of VPPPA Membership: (Please check the box to the left of the appropriate category)

<input type="checkbox"/>	Full	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Nonprofit
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Name of Nominator: _____

Title: _____

Company: _____

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone #: _____ **Fax #:** _____

Email Address: _____

As nominator, I understand that I have to secure additional letters of recognition with this application.

Signature of Nominator: _____ **Date:** _____