

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 Individual

NAME OF NOMINEE OR GROUP (If team, include each team member's name.) Be sure to include the <u>exact name</u> to be shown on the award.	TITLE & INSTITUTION
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TELEPHONE (include area code)	FAX	E-MAIL
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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 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.**

NOMINATOR NAME (printed)	NOMINATOR TITLE & INSTITUTION
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SIGNATURE OF NOMINATOR	DATE
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TELEPHONE (include area code)	FAX	E-MAIL
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NAME & TITLE OF DEAN OR DIRECTOR (if not the nominator), PRINTED	SIGNATURE OF DEAN OR DIRECTOR
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