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|  | 2017 AIR CENTRAL TEXAS Awards **Nomination Form**  Please refer to the Application Guidelines for details on how to submit projects for consideration. |

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| Basic Nominee Information |
| |  |  |  |  | | --- | --- | --- | --- | | Nominee: | Click here to enter text. |  |  | |  |  |  |  | | Address: | Click here to enter text. | | | |  | Street Address |  |  | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | City | State | ZIP Code | |  |  |  |  | | Phone: | Click here to enter text. |  |  | |  |  |  |  | | E-mail: | Click here to enter text. |  |  | |  |  |  |  | | Check the award category which applies to your entry (You may only select **ONE** category): | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Air Central Texas Public Sector Award** | **Air Central Texas Private/Non-Profit Sector Award** | **Air Central Texas Media Award** | **Bill Gill Central Texas Air Quality Leadership Award** | |

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| **Submitter Information** |

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| Submitter Name: | Click here to enter text. | Submitter Title: | Click here to enter text. |

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| Submitter Email: | Click here to enter text. | Submitter Phone: | Click here to enter text. |
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| |  | | --- | | **Description of Nominee’s Contributions to Central Texas Air Quality** | |
| Please describe the nominee and why it should receive an Air Central Texas Award. (please be sure to describe how the nominee meets the criteria for the applicable award category) |
| Click here to enter text. |
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| Please provide a list of all supporting documents that will be attached with this nomination application and the format of these documents (hard copy, PDR, Word file). |
| Click here to enter text. |

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| **References** | |
| Please provide three independent reference for your entry. If you are not self-nominating, you may include yourself as a reference. Be sure to include a name, telephone number, and e-mail address for each reference. To the extent possible, your references should represent the stakeholders that are affected by your entry. Award reviewers may contact these references for additional information or clarification. | |
| Reference 1 | |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Organization: | Click here to enter text. |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | Click here to enter text. | | | |  | Street Address |  |  | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | | City | State | ZIP Code | | |
| Telephone #:  Email: | Click here to enter text. |
| Click here to enter text. |
| Reference 2 | |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Organization: | Click here to enter text. |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | Click here to enter text. | | | |  | Street Address |  |  | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | | City | State | ZIP Code | | |
| Telephone #: | Click here to enter text. |
| Email: | Click here to enter text. |

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| Reference 3 | |
| Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Organization: | Click here to enter text. |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | Click here to enter text. | | | |  | Street Address |  |  | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | | City | State | ZIP Code | | |
| Telephone #: | Click here to enter text. |
| Email: | Click here to enter text. |

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| **Submission (due to CAPCOG by 5:00 pm 9/22/2017)** |
| **Option 1: Email to:**  Anton Cox ([acox@capcog.org](mailto:acox@capcog.org)) |
| **Option 2: Mail or hand-deliver to:**  Anton Cox, 6800 Burleson Rd. Bldg. 310 Suite 165, Austin, Texas 78744 |