



# Maine Association of Planners

## 2017 AWARDS NOMINATION FORM

Please submit one digital copy of this form and necessary attachments to [amanda.j.bunker@gmail.com](mailto:amanda.j.bunker@gmail.com) by **Wednesday April 26, 2017.**

Questions: Contact Amanda Bunker or Sarah Curran, at [amanda.j.bunker@gmail.com](mailto:amanda.j.bunker@gmail.com) and [scurran@mdf.org](mailto:scurran@mdf.org)

I hereby nominate \_\_\_\_\_ for a 2017 MAP Annual Award

Name of Planner/Project/Plan

### Award Category

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Planner of the Year | <input type="checkbox"/> Project of the Year |
| <input type="checkbox"/> Citizen Planner of the Year      | <input type="checkbox"/> Plan of the Year    |

### Submission Requirements

- 2017 MAP Award Nomination Form
- One-page summary of the submission or the individual's qualification (ELIGIBILITY) and how the individual or project meets the CRITERIA under the category (up to two-pages for Project or Plan of the Year nominations)
- One (1) letter of recommendation in support of the submitted project or plan OR three (3) letters of recommendation for Citizen Planner or Professional Planner nomination
- Optional: Supporting documentation to help the awards committee in reviewing the application, such as copies of documents, maps, plans, photographs, newspaper articles, etc.
- Additional submission materials: If needed to determine an award category winner, after receiving submissions, the Committee may request additional information on how the CRITERIA are met (the same information will be requested for all submissions under the category)*

### Nominator Information

*The nominator will work with the awards committee in obtaining additional information as needed and will serve as a liaison between the nominee and the committee.*

- (Nominator) I am willing to assist with the NNECAPA award submission should this nomination be selected for a 2017 MAP award

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee Information

*Please provide the names of up to two individuals, other than the nominator, to be notified in the event this submission is selected to receive an award.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
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 Phone \_\_\_\_\_ Email: \_\_\_\_\_