REGION OF EXCELLENCE AWARDS
Application Form

CHECK APPROPRIATE AWARD CATEGORY:

☐ **Controlling the Cost of Government**

☐ **Growing the Economy**

☐ **Improving Quality of Life**

Name of Jurisdiction: _____

Department/Agency: _____

Partner Organizations (if any): _____

Name of Nominated project, program, or plan: _____

_____

Contact Name: _____**Title:** _____

Address: _____

City: _____**Zip:** _____**Telephone:** _____

E-mail Address: _____**Website:** _____

All entries must include four (4) copies of each of the following:

☐ Application Form

☐ Summary Description of Nomination ***(Maximum of 3 typed pages)***

- Provide a brief description on the project's development, time period of preparation, key participants and why the project, program or plan is deserving of the award.
- Include evidence of innovation as well as positive reception from the community.
- Include an explanation of how and to what extent this project has been implemented.

☐ Supporting Materials (i.e. newspaper articles, pictures, brochures, videos, etc.)

SEND YOUR SUBMITTALS TO:
CCOG, ATTN: Kelly Weston, 525 N. Tryon Street, 12th Floor, Charlotte, NC 28202

All applications must be submitted in full by 5:00 p.m. on Wednesday, April 27 2016