



Nominee's Name: _____
Agency Represented: _____ Job Title: _____
Mailing Address: _____ Phone Number: _____
_____ Email Address: _____

Nominated for:

- Provider Award:** for an individual who has exemplified the Family Based Services philosophy in their professional practice
- Program Award:** for outstanding or innovative family services or for a program that fills a gap in the existing services
- Lifetime Membership:** for an individual who has provided a minimum of seven years of meritorious service and/or employment in support of Family Based Services philosophy
- Special Recognition Award:** for an individual or for a program that is innovative and responsive to immediate needs or current issues in keeping with a Family Based Services philosophy

Name of Person Submitting Nomination: _____
Mailing Address: _____ Phone Number: _____
_____ Email Address: _____

Reasons for Nomination: Please include detailed information about the individual nominee. The more information the NDFBSA Board has to consider, the better your nominee's chances are for recognition.

1. Please describe how the nominee has shown outstanding and significant support of Family Based Services philosophy and mission (can be found at www.ndfbsa.org):



Nominee's Name: _____

2. Please describe the nominee's exceptional leadership and contribution to the community:

3. Please describe ways the nominee has demonstrated creativity and innovation in pursuit of Family Based Services, use of resources, personnel and/or collaboration:

Please mail the completed awards nomination by February 1st to the NDFBSA President Elect:
North Dakota Family Based Services Association ▪ Attn: NDFBSA President Elect ▪ PO Box 9114 ▪ Fargo, ND 58106

Thank you!

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