

NIFA Partnership Awards Nomination Form

AWARD CATEGORY (please mark "X" in appropriate box; only one category may be marked)

- | | |
|---|--|
| <input type="checkbox"/> I. Mission Integration of Research, Education, or Extension
<input type="checkbox"/> II. Multistate Efforts
<input type="checkbox"/> III. Innovative Programs and Projects | <input type="checkbox"/> IV. Effective and Efficient Use of Resources
<input type="checkbox"/> V. Program Improvement through Global Engagement |
|---|--|

NOMINEE (please mark "X" in appropriate box) Individual Team (limit of 20 members)

NAME OF NOMINEE OR TEAM Be sure to include the exact name to be shown on the award. (If a team, provide a team name and include each team member's name in the justification below.)

INSTITUTION NAME (If a team, provide a title and institution for the lead team member.)

TELEPHONE (include area code)

FAX

E-MAIL

NAME OF NIFA NATIONAL PROGRAM LEADER AFFILIATED WITH PROGRAM OR PROJECT

CITATION (not more than 25 words)

JUSTIFICATION: Using the selection criteria, justify and document the nomination for Category I, II, III, IV, or V. For team nominations, include a brief but specific description for each team member (limit of 20 team members) 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 SIDED) FOR TEAM NOMINATIONS.** USE FONT SIZE AND TYPE NO SMALLER THAN TIMES NEW ROMAN, ARIAL, OR COURIER, 12 POINT. NOMINATIONS EXCEEDING THESE REQUIREMENTS WILL BE DISQUALIFIED.

NOMINATOR NAME (printed)

NOMINATOR TITLE & INSTITUTION

SIGNATURE OF NOMINATOR

DATE

TELEPHONE (include area code)

FAX

E-MAIL

NAME & TITLE OF DEAN OR DIRECTOR (if not the nominator), **PRINTED**

SIGNATURE OF DEAN OR DIRECTOR