



State of Missouri – 2015 Governor’s Award for Quality and Productivity

NOMINATION FORM

I. GENERAL INFORMATION

Department:

1. Project or team name:

2. List the name of all team members, job titles, state agency department, and/or other organizations including public, private sector or business: *(Please list alphabetically by last name – 2 to 20 team members maximum.)*

3. Nomination Category: *(Check only one.)*

INNOVATION

CUSTOMER SERVICE

EFFICIENCY / PROCESS IMPROVEMENT

TECHNOLOGY IN GOVERNMENT

4. Explain why you selected this category:

II. BACKGROUND

1. When did the team begin its work?

2. What date did the team initiate the implementation phase of the project?

3. Is the project: Time Limited Completed Ongoing

III. PROJECT DESCRIPTION

1. Why was the project necessary?

2. What were the primary goals of the project? *(150 words or less.)*

3. Describe the project: *(200 words or less.)*

4. Explain how the accomplishment of the team exceeds its regular duties and responsibilities. *(150 words or less.)*

5. Which of the following describes the intended benefits of the project? *(Check all that apply and provide an explanation. - 150 words or less)*

Cost Reduction

Time Savings

Increased Effectiveness

Improved Process

Other: Describe

IV. RESULTS / MEASUREMENT

- 1. Explain how the success of the project was measured and what outcomes were achieved.** (Explanation should not exceed 300-500 words.)
- 2. Are the benefits derived from this project:** (Check only one.)
 Recurring One-time
- 3. If recurring, how will the benefits be sustained?** (Explain in 150 words or less.)

V. RECOGNITION / AWARDS

- 1. Has this project previously been nominated for the Governor's Award for Quality and Productivity?**
If yes, when?
- 2. If yes, for which category was it nominated?**
- 3. Has this project received any other awards or recognition? If yes, describe.**

VI. NOMINATOR'S INFORMATION

Nominating Department:

Name:

Signature:

Telephone Number:

E-Mail Address:

VII. DEPARTMENT COORDINATOR'S INFORMATION

Name:

Signature:

Telephone Number:

E-Mail Address:

VIII. DEPARTMENT DIRECTOR APPROVAL

Department Director's Name:

Signature:

Nomination must be signed ONLY by the Department Director to be eligible for consideration. Nominations not signed by the Department Director will be returned to the agency coordinator.



State of Missouri
2015 Governor's Award for Quality and Productivity
Executive Summary

Project or Team Name:

Nominator:

Nominating Department: (Nominations must include names of all agencies/departments/organizations/businesses, etc.)

Category:

Executive Summary: (Executive Summary page must be 500 words or less, 12 point, Times New Roman font, and left justified. **Attach the Executive Summary to the front of the nomination.**)



State of Missouri 2015 Governor's Award for Quality and Productivity Nomination Checklist

The Nomination Checklist is for your assistance to ensure that you have completed all parts of the nomination package. **Do not include this checklist with nomination packet.**

- Verify all team members have been included on the nomination form [maximum of 20 team members, the majority of whom are state employees]. **Once the nomination has been submitted additional team members may not be added.**
- Check to make sure all names are spelled correctly and listed alphabetically by **last name**. (Verify spelling of all team members names.)
- Include the job titles and agency/organization of all team members.
- Complete the **Executive Summary** and attach to the **front** of the nomination form. It should include why this project is exceptional, why the citizens of Missouri should be proud of this team, and why the accomplishments are beyond regular responsibilities.
- Forms can be downloaded on the GAQP web page at <http://www.training.oa.mo.gov/erp/index.htm>. Enter responses to all questions (reference each section and number clearly) on an original or copy of the nomination form.
- Confirm point of contact and telephone number.
- Review nomination to ensure:
 - acronyms and technical terms are clearly identified and understandable to the average reader;
 - supporting documentation is provided; and
 - measurement for the project has been included in the nomination.
- Forward completed nomination packet to agency coordinator for verification.

For more information visit the website listed below or contact:

GAQP State Program Coordinator
Ashley Brown
573-526-4554
Ashley.Brown@oa.mo.gov

<http://www.training.oa.mo.gov/recognition.htm>