



American Planning Association
Nebraska Chapter

Making Great Communities Happen

AWARDS APPLICATION FORM

Nominations for the APA – Nebraska Chapter Planning Awards must be received at the submission e-mail address listed in the “Submission Address / Contact Information” section of the “2024 Awards - Rules & Categories” document by

Friday, January 19, 2024 at 11:59 p.m.

Any entries received after that date and time will not be considered for an award.

I nominate _____ for a 2024

APA-Nebraska Planning Award in the category of: _____.

SECTION A - SUBMISSION COORDINATOR (REQUIRED)

Please provide the name of an individual to act as your Submission Coordinator. The Submission Coordinator will work with APA-Nebraska’s Awards Coordinator to obtain additional information and materials from winning entries in preparation for the annual awards presentation ceremony.

Name: _____

Organization: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

SECTION B - ATTACHMENTS (REQUIRED)

The attachments outlined in the “Eligibility and Information” section of the “2024 Awards - Rules & Categories” document are mandatory. Submissions lacking these attachments will not be considered.

☐ *Application Form.*

☐ *Word Document Narrative.*

☐ *Copyright-Free Images.*

☒ *OPTIONAL: Letters of Support/Supplemental materials.*

SECTION C - AWARD/CERTIFICATE INFORMATION (REQUIRED)

Should this submission be selected, the following information will be included on the award or certificate (space is limited):

Name of Entities Receiving Award: _____

Name of Project/Plan (If Applicable): _____

APA-Nebraska will provide up to one award per award winner. More awards can be provided, at the winner's cost. The suppliers cost to the chapter for each award requested will not exceed \$100 and will be billed to the Submission Coordinator upon notification of award.

Additional Awards Billing Name: _____

Additional Awards Billing Address: _____

Number of Awards Requested (if more than one): _____

SECTION D - NOTIFICATION (OPTIONAL)

Please provide the names of up to two individuals, other than the Submission Coordinator, to be notified in the event this submission is selected to receive an award. If this submission is for an individual, that person must be listed below as one of the two contacts.

Name: _____

Affiliation: _____

Street Address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Name: _____

Affiliation: _____

Street Address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

SIGNATURES

I certify that the parties credited did the submitted work and meet all eligibility requirements. I understand that any entry that fails to meet submission requirements may be disqualified. Signer must be authorized to represent those credited.

Signature of Submission Coordinator: _____

Date: _____