



NOMINATION COVER PAGE FOR GOVERNOR'S AWARD FOR ENVIRONMENTAL EXCELLENCE

State Form 51656 (R7 / 3-18)
Indiana Department of Environmental Management

Office of Program Support
100 North Senate Avenue IGCN 1316
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
Fax: (317) 234-8752
<http://www.in.gov/idem/prevention/2358.htm>

INSTRUCTIONS: The Governor's Award Nomination Form is designed to satisfy environmental clearance requirements and Nominee clarification. Nominator should consult the Indiana Department of Environmental Management (IDEM) website to see instructions on all forms and to increase chances of improving scores. Read "How to Complete and Submit a Nomination" at <http://www.in.gov/idem/prevention/2358.htm>. Fill in the information requested below. Failure to provide all the requested information may disqualify your nomination. If you have questions about the awards program or need assistance with completing a nomination, call IDEM's Office of Program Support (OPS) at (800) 988-7901. All nominations must be received by OPS by the date and time set forth in the program guidelines at the above web address. Late nominations will not be accepted. **Please type.**

PROJECT INFORMATION			
Current date (month, day, year):			
Name of project:			
Name that would appear on award:			
Start date of project (month, day, year):		End date of project (month, day, year):	
Name of organization:		Federal EIN number:	
Address (number and street):			
City:		ZIP code:	
County:		Number of employees:	
Parent corporation's name:			
Any former names used by the nominee?			
Previous years nominated and categories?			
Type of organization being nominated: (Check the appropriate box.)			
<input type="checkbox"/> Government <input type="checkbox"/> School <input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Non-profit <input type="checkbox"/> Business <input type="checkbox"/> Industry <input type="checkbox"/> Individual			
Categories (Select one box.):		<input type="checkbox"/> Pollution Prevention <input type="checkbox"/> Recycling & Reuse <input type="checkbox"/> Land Use/Conservation <input type="checkbox"/> Continuous Improvement <input type="checkbox"/> Greening the Government <input type="checkbox"/> Environmental Education/Outreach <input type="checkbox"/> Energy/Renewable Resources	
Select if a member:		<input type="checkbox"/> P2 <input type="checkbox"/> CLEAN <input type="checkbox"/> ESP	

NOMINEE CONTACT INFORMATION			
Contact person: (Check the appropriate box.) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
First name:		Middle initial:	
Last name:			
Telephone number:		Cell telephone number:	
E-mail address:			

PERSON SUBMITTING NOMINATION CONTACT INFORMATION			
Contact person: (Check the appropriate box.) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
First name:		Middle initial:	
Last name:			
Telephone number: (Include area code.)		Cell telephone number:	
E-mail address:			
If the nomination form was not submitted by the nominee, is the nominee aware they've been nominated? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INSTRUCTIONS: The Clearance and Background Check section is designed to satisfy environmental clearance requirements and speed up the review process by providing the permit number and/or past violations. Nominator should consult OPS's Technical Assistance Branch at (800) 988-7901 to review any of these questions. **PLEASE NOTE:** This section may not be applicable to all projects nominated.

CLEARANCE AND BACKGROUND CHECK INFORMATION			
Air permit number:	<input type="checkbox"/> NA	Type:	Date (month, day, year):
Wastewater NPDES permit number:	<input type="checkbox"/> NA	<input type="checkbox"/> IDEM <input type="checkbox"/> Municipality	Date (month, day, year):
Drinking water PWSID permit number:	<input type="checkbox"/> NA	Type:	Date (month, day, year):
Storm water permit number:	<input type="checkbox"/> NA	<input type="checkbox"/> Rule 5 <input type="checkbox"/> Rule 6 <input type="checkbox"/> MS4	Date (month, day, year):
Hazardous waste EPA ID number:	<input type="checkbox"/> NA	Generator status:	Date (month, day, year):
Any spills in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date (month, day, year):

If yes, please describe the spill and corrective action taken.

INSTRUCTIONS: In the box below, provide a brief summary of the project or individual being nominated. For guidance on writing the project summary, read the instructions at <http://www.in.gov/idem/prevention/2358.htm> or call OPS at (800) 988-7901.

PROJECT SUMMARY

INSTRUCTIONS: Please use this section for guidance on writing the project deliverables to convey the essentials of the project to the Review Committee. Nominees are encouraged to strengthen their project's nomination by using the Narrative Guide at <http://www.in.gov/idem/prevention/2358.htm> or call OPS at (800) 988-7901.

PROJECT SELECTION CRITERIA CHECKLIST

<input type="checkbox"/>	Select an Award Category
<input type="checkbox"/>	A full description of the project, along with a brief project summary
<input type="checkbox"/>	Innovation, Environmental Stewardship, and Partnerships
<input type="checkbox"/>	Measurable Environmental, Economic, and Social Benefits
<input type="checkbox"/>	The project's Superior Practices
<input type="checkbox"/>	Commitment and leadership in Pursuit of Environmental Excellence
<input type="checkbox"/>	Transferability to Other Users
<input type="checkbox"/>	Funding Sources
<input type="checkbox"/>	Other Details (See narrative guide.)
<input type="checkbox"/>	Supporting Information/Attachments (pictures, procedures, web links)

ACKNOWLEDGEMENTS

Nominee understands that this information is public and will be shared with other entities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nominee understands they could be requested to present on the project.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Information submitted with this nomination and any attachments become public record.

****DO NOT WRITE BELOW THIS LINE.****
THE BELOW CHECKLIST IS FOR IDEM STAFF.

INSTRUCTIONS: All Governor's Award nominations are to be evaluated according to the criteria below. Any nomination that does not receive a positive check mark on all criteria will not be eligible for consideration for a Governor's Award.

PRE-SCREENING CRITERIA

Does the nomination cover page have information in all required fields?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the nominee located in Indiana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the project completed in one of the previous two (2) years prior to the nomination round?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project demonstrate at least one (1) year of quantifiable results in a clear manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the project voluntary, not the result of mandates by regulations or enforcement decrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the nomination received by IDEM by the stated deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No