



American Planning Association  
**Northern New England Chapter**

*Making Great Communities Happen*

**2011 AWARD NOMINATION SUBMISSION FORM**

Please submit a copy of this form and any attachments directly to each member of the Awards Committee listed below. **All required material must be received by each of the three Committee members by Monday, August 1, 2011.**

**Maine State Director**

Rebecca Schaffner-Tousignant  
 Greater Portland COG  
 68 Marginal Way  
 Portland, ME 04101  
 rschaffner@gpcog.org

**Vermont State Director**

Polly McMurtry  
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 Moretown, VT 05660  
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**New Hampshire State Director**

Julie LaBranche  
 Rockingham Planning Commission  
 156 Water Street  
 Exeter, NH 03833  
 jlabranche@rpc-nh.org

*I hereby nominate \_\_\_\_\_  
 for a 2011 NNECAPA Annual Planning Award.*

*This submission is for (Please check ONE of the following categories)*

- Citizen Planner     Professional Planner     Plan of the Year     Project of the Year

**Section A:** The following items are mandatory. Submissions lacking these items will not be considered:

- 1. 2011 NNECAPA Award Nomination Submission Form
- 2. One-page summary of the submission or the individual's qualifications (eligibility)
- 3. Three-page explanation demonstrating how the individual meets the stated criteria
- 4. One letter of recommendation in support of the submitted project or plan or three letters of recommendation for citizen planner or professional planner nominations.

The following items are optional. Submissions lacking these items will still be considered:

- 5. Related documents or reports titled: \_\_\_\_\_
- 6. Audio or video presentations titled: \_\_\_\_\_
- 7. Other materials supporting the submission: \_\_\_\_\_

**Section B:**

Information about the submission coordinator (nominator or person nominating the individual or organization for the award.) Submission coordinator will work with NNECAPA Awards Committee in obtaining additional information and will serve as a liaison between the nominee and the Committee.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section C:**

Please provide the names of up to two individuals, other than the nominator, 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 \_\_\_\_\_ Title \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section D, Nominator Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*I certify that the submitted work was done by the parties credited and meets the 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 Nominator \_\_\_\_\_ Date \_\_\_\_\_