

MINNESOTA FAMILY SUPPORT AND RECOVERY COUNCIL
2024 AWARDS PROGRAM

AWARD CATEGORY:

Please check the one specific award for which you are making a nomination. Do not make more than one nomination on each form. Attach additional pages to describe accomplishments (activities, time frame, results achieved) and other pertinent information.

- ☐ **Honorary Life Member Award**
- ☐ **Outstanding Individual Achievement Award**
- ☐ **Outstanding Customer Service Award**
- ☐ **Outstanding Program Award**
- ☐ **Outstanding Diversity, Equity, & Inclusion Award**

NOMINEE:

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

E-mail: _____

SUBMITTED OR SECONDED BY:

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

E-mail: _____

Please list the name and phone number of one person who could confirm the information or provide additional information if requested by the Awards Committee.

Name: _____

Organization/Position: _____

Telephone: _____

E-mail: _____

Please complete a letter of recommendation and attach it as the second page of this document. E-mail the entire document to trish.skophammer@co.ramsey.mn.us. If there are questions, please contact me by e-mail or by phone at 651-266-3200.

Letter of Recommendation (Attached)