

MINNESOTA FAMILY SUPPORT AND RECOVERY COUNCIL
2019 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**
- Program Awareness Award**
- Outstanding Program Achievement Award**

NOMINEE:

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

SUBMITTED OR SECONDED BY:

Name: _____

Title: _____

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: _____

Please complete a letter of recommendation, which is the second page of this document and E-mail the entire document to jennifer.grausnick@co.dakota.mn.us. If there are questions, please contact me by E-mail or by phone at 651-554-5649.

Letter of Recommendation (Attached)