



GSA Nomination Form: Awards for ORGANIZATIONS

1. OFFICIAL MAINE GSA NOMINATION FORM: GROUP OR ORGANIZATION

Be sure to review the nomination guidelines to ensure your nominee will qualify. This [LINK](#) will open the page.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Questions about the nomination process may be directed to GovServiceAwards@VolunteerMaine.org .

* 1. Please fill in YOUR (the nominator) information below:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 2. What is your relationship to the nominee? (Supervisor, employer, neighbor, principal etc.)

* 3. For which ORGANIZATION award are you making a nomination?

- Outstanding Employee Volunteer Program ([see pages 2-5](#))
- Outstanding Non-Profit Volunteer Program ([see pages 2-5](#))
- Service Enterprise of the Year ([see pages 3-9](#))
- School District Excellence in Service-learning ([see pages 10-13](#))



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2. Nominee Info: Outstanding Employee Volunteer Program **or** Outstanding Non-Profit Volunteer Program

* 1. Please fill in the information for the organization you are nominating.

Contact Person:

Organization:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Contact Email Address:

Contact Phone Number:

2. NON-PROFIT AWARD ONLY. Please enter the EIN number of the non-profit that you are nominating. We will verify non-profit status with Guide Star. This is required.

3. ALL AWARD NOMINEES

Approximate number of volunteers/employees in the program

Approximate annual total hours of service contributed by the program volunteers/employees

Approximate number of people benefiting from service of the volunteers/employees

4. In the space allowed, describe how the nominated employee or nonprofit volunteer program meets the criteria for the award. Be sure to address each point in the criteria. Include a brief description of the program, how it fits into the mission or purpose of the business or nonprofit, and notable accomplishments. No additional documentation or materials will be accepted.

5. Please provide contact information for individual submitting letter of testimony/reference. Must be other than the Nominator.

Contact Name:	<input type="text"/>
Company/Organization/ Group:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Contact Email Address:	<input type="text"/>
Contact Phone Number:	<input type="text"/>

6. In the space allowed, enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

7. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

8. In the space allowed, enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

9. Name of local/regional newspaper



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3. Nominee Info: Service Enterprise of the Year Award

AWARD CRITERIA- Recognizes a Maine public or non-profit organization that transformed its culture and operation into a certified Service Enterprise and now strategically engages volunteers in leadership and other skilled volunteer roles so there is greater organizational efficiency and expanded ability to achieve the mission.

1. Please fill in the information for the organization you are nominating here.

Contact Person:	<input type="text"/>
Organization/Agency:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>

2. Please provide these key dates

Start date of Service Enterprise training	<input type="text"/>
Date Service Enterprise certification awarded	<input type="text"/>

3. Describe the changes in the culture and operation of the organization that resulted from becoming a Service Enterprise.

4. What new leadership and skilled roles are volunteers filling in the organization as a result of the Service Enterprise process? How does this increased human resource impact the organization's operation?

5. Describe how the organization qualifies as the Service Enterprise of the Year. What cultural, operational, or governance changes reflect genuine integration of Service Enterprise principles and practices.

6. Please supply this pre/post Service Enterprise data for the most recent year.

Pre-SE # of volunteers

Post-SE # of volunteers

Net change in # of volunteer hours devoted to organization operation. (Use + to indicate increase; - to indicate decrease)

Net change in the value of volunteer hours devoted to organization operation. (Use + to indicate increase; - to indicate decrease)

Net change in the units of service the organization is able to accomplish. (Use + to indicate increase; - to indicate decrease)

7. Please provide contact information for individual submitting first letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

8. In the space allowed, enter the text of the first letter of testimony/reference from person identified above.

9. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

10. In the space allowed, enter the text of the second letter of testimony/reference from person identified above.

11. Name of local/regional newspaper



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4. Nominee Info: School or School District Excellence in Service-learning Award

AWARD CRITERIA- School or School District Excellence in Service-learning Award recognizes excellence in K-12 school or school district that demonstrates service-learning standards for quality practice in a majority of classrooms in a school or schools in a district. Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

1. Please fill in the information for the SCHOOL or SCHOOL DISTRICT you are nominating here.

Contact Person:

School District:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

2. Approximately what percentage of students in the school or district participate in service-learning.

3. (SCHOOL DISTRICT ONLY) Has the School District adopted policies supporting district wide Service Learning? If yes, please describe the nature of these policies briefly. If no, please type NA.

4. Are a majority of classrooms in the school or schools in the district participating in service-learning? If your answer is NO, please explain briefly. If your answer is YES, type the word YES.

5. SUMMARY OF SERVICE-LEARNING IMPLEMENTATION: Please describe in the space allowed the service-learning related activities of the SCHOOL OR SCHOOL DISTRICT you are nominating. Be sure to include a brief description of the program(s), the impact to students and on the community, and why and how the nominee meets service-learning standards for quality practice. No additional documentation or materials will be accepted.

6. Please provide contact information for individual submitting first letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

7. In the space allowed, enter the text of the first letter of testimony/reference from person identified above.

8. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

9. In the space allowed, enter the text of the second letter of testimony/reference from person identified above.

10. Name of local/regional newspaper



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5. Certification Page

1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.