

**2021 AWARD NOMINATION FORM SAMPLE**  
**OUTSTANDING FUNDRAISING PROFESSIONAL**  
**FOR REFERENCE ONLY: MUST BE SUBMITTED ON LINE**

**AFP Member Contact Information**

*(The name that is associated with this Member Number MUST match the "Name of Nominator")*

Name of AFP Nominator \_\_\_\_\_ Member # \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name/Title of Agency Representative for video interview \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of AFP Co-Nominator if applicable \_\_\_\_\_ Organization \_\_\_\_\_ Member # \_\_\_\_\_

**Nominee Information – must be able to attend the event on November 5, 2021** *(either virtually or in-person, TBD)*

**You MUST include contact information for the nominee. If it is not included, your nomination will not be considered. First & Last Name of Nominee MUST be entered EXACTLY how you wish the name to appear in all printed and digital materials.**

Name of Nominee \_\_\_\_\_ Title \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nomination Statement**

*(we suggest that you type out your answers to these questions so that you can copy and paste into the online form)*

- **Commitment to profession:** mentoring and developing new professionals, membership, volunteering, and financial support to AFP, ethical compliance, supporting the Donor Bill of Rights, encouraging staff participation in AFP and professional education. (350 word maximum)
- **Organizational Impact:** proven track record of raising significant dollars relative to organization's size and budget, planning and growth of the organization's development activities, strong leader in speaking of and for the organization, motivation of volunteers, outreach to community. (350 word maximum)
- **Professional Personal Development:** CFRE, continued learning, teaching. (350 word maximum)
- **Community Involvement:** volunteering on community boards, strengthening community resources through organizational collaboration. (350 word maximum)

In addition to completing the online form, no more than two letters of support should be submitted. A resume may also be included. These letters of support and resume can be uploaded directly within the online form.

**Nominator Agreement**

- I certify that I am personally a current member of the AFP Greater Cleveland Chapter. I have not used another member's information to complete this form. I understand that using another member's information to submit a nomination will result in that nomination being disqualified.
- I understand that if my nominee is selected that my name will be listed as the nominator on all promotional materials. There will NOT be any changes made to the nominator that is listed.
- I agree to serve as the primary contact person and collect photos or other items on the NPD checklist if my nominee is selected.

