

**2021 AWARD NOMINATION FORM SAMPLE**  
**PHILANTHROPIST LEADERSHIP**  
**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 \_\_\_\_\_

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)*

- **Outstanding commitment** – describe direct support and the impact for your agency, length of service, roles, campaigns or other initiatives. (350 word maximum)
- **Motivation to others** – reaching out to the community, involving and motivating others to help. (350 word maximum)
- **Leadership role** – support for innovative problem solving and for assuming leadership roles in achieving the fundraising goals of the organization. (350 word maximum)
- **Philanthropic impact** – support for other organizations in the community (350 word maximum)

**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.

