****

Please complete the appropriate form and return to greg.akins@tpwd.texas.gov

**Nominations are due June 1, 2020**

**Exceptional Support of AREA or an AREA Program**

Nominees in this category may be individuals, organizations, businesses, or volunteers, who have demonstrated exceptional and ongoing effort to support Aquatic Resources Education or its program providers on a local and/or national level.

|  |
| --- |
| **Nominator Information**: Please print or type. |
| **Name and Title:**  | **Phone (include area code and ext.):**  |
|       | (     )       ext.:      |
| Organization and Address: | Email Address: |
|       |       |
|       |  |
|       |  |
|        |  |

|  |
| --- |
| **Nominee Information: Please print or type.** |
| **Award: Exceptional Support of AREA or an AREA Program**  |
| **Name and Title:**  | **Phone (include area code and ext.):**  |
|       | (     )       ext.:      |
| Organization and Address: | Email Address: |
|       |       |
|       |  |
|       |  |
|        |  |

*Submit the following:*

For the past two years (2018-2019), please describe the nominee’s support to AREA or an AREA Program and its mission.

Use brief bullet point statements to describe specific ***Action > Result > Impact.***Remember to include statistics and numbers where applicable, to support each of the following criterion:

1. **Does this person/organization routinely and enthusiastically promote and support AREA or an AREA Program?**

|  |  |  |
| --- | --- | --- |
| **Action:**  | **Result:** | **Impact:**  |
|  |  |  |

1. **Describe the reach of this person's or organization's action?** (within their organization, locally, state-wide, regionally [multiple states], nation-wide)

|  |  |  |
| --- | --- | --- |
| **Action:**  | **Result:** | **Impact:**  |
|  |  |  |

1. **Has this person/organization recruited new support for AREA or an AREA Program?**

(new members, new partners, and/or new sponsors)

|  |  |  |
| --- | --- | --- |
| **Action:**  | **Result:** | **Impact:**  |
|  |  |  |

1. **How does this person/organization provide support to AREA or an AREA Program?** (volunteer, financial or in-kind, other)

|  |  |  |
| --- | --- | --- |
| **Action:**  | **Result:** | **Impact:**  |
|  |  |  |