

# 1 PUBLIC PARTNERSHIP

## Project Criteria

The Public Partnership Award is presented to the **group or project** that has demonstrated a commitment to regionalism through public sector or public/nonprofit partnership. Nominations must include at least one MAG member agency. (See *list of member agencies on last page of the Call for Entries instructions.*) Projects must be completed to be considered. **Please list the information for the group or project below and include the partnering MAG member agency(ies). On the next page, list ALL public and public/nonprofit organizations involved.**

Group/Project Title

Individual Representing Group/Project (person who will be accepting award on behalf of the group or project)

List only MAG member agencies below. Provide contact information for these and ALL organizations on the reverse side of this form.

Title of Individual Representing Group/Project

Organization/Affiliation

Department/Division (if applicable)

Mailing Address

City/State/Zip Code

(Area Code) Phone

(Area Code) Fax

**Please fill out the next page to describe ALL participating organizations.**

This form may be duplicated for additional nominations.

E-mail Address

## Award Criteria

Entries will be judged on a variety of factors, including the success of the partnership in promoting, recognizing, demonstrating and attaining the ideals of regionalism. See entry requirements.

## Nominated By

Name

Title

Organization

Street Address

City/State/Zip Code

Staff Contact (if different than above)

Contact (Area Code) Phone

(Area Code) Fax

Contact E-mail Address



## Send Nominations to:

Maricopa Association of Governments

### Desert Peaks Awards

302 North 1st Avenue, Suite 300, Phoenix, AZ 85003

For additional information, please call (602) 254-6300.

**Please return completed applications and support materials by 5:00 p.m. Friday, March 16, 2012.**

**Please list ALL organizations involved with this partnership below. Include any agencies listed on the previous nomination page that should be included as a partnering agency. This form may be duplicated for additional participants.**

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MAG Member Agency or Partnering Organization

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Contact Name

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Title of Individual

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Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

E-mail

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MAG Member Agency or Partnering Organization

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Contact Name

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Title of Individual

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Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

E-mail

---

MAG Member Agency or Partnering Organization

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Contact Name

---

Title of Individual

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Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

E-mail

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MAG Member Agency or Partnering Organization

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Contact Name

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Title of Individual

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Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

E-mail

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MAG Member Agency or Partnering Organization

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Contact Name

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Title of Individual

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Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

E-mail

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MAG Member Agency or Partnering Organization

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Contact Name

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Title of Individual

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Department/Division (if applicable)

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City/State/Zip Code

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E-mail