2 PUBLIC-PRIVATE PARTNERSHIP

Project Criteria

The Public-Private Partnership Award is presented to the **group or project** that has demonstrated a commitment to regionalism through a public-private partnership. Nominations must include at least one MAG member agency. (See list of member agencies on back cover of the booklet.) 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 back of this form, list *ALL* organizations involved.**

Group/Project Title

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

Title of Individual

Organization/Affiliation

Department/Division (if applicable)

Mailing Address

City/State/Zip Code

(Area Code) Phone (Area Code) Fax

E-mail Address

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

Please fill out the back of this form to describe all participating organizations.
This form may be duplicated for additional nominations.

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 inside back cover for 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

Desert PEAKS Awards
Recognizing Excellence in Regional Cooperation
2010
Maricopa Association of Governments

Send Nominations To:

Maricopa Association of Governments
Desert Peaks Awards Committee
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. March 12, 2010.

Please list all organizations involved with this partnership below. This form may be duplicated for additional participants.

MAG Member Agency or Partnering Organization

Contact Name

Title of Individual

Department/Division (if applicable)

Mailing Address

City/State/Zip Code

(Area Code) Phone E-mail

MAG Member Agency or Partnering Organization

Contact Name

Title of Individual

Department/Division (if applicable)

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