



2019 OMSSA Awards and Recognition Program Local Municipal Champion Award Nomination Form

Nomination Deadline: **March 1, 2019**

NOMINATOR INFORMATION

Your Name:		Date:	
Position / Title:			
Email Address:			
Phone Number:			

NOMINEE INFORMATION

Name of Nominee Team:	
(Nominee Main Contact) Position / Title:	
(Nominee Main Contact) Email Address:	
(Nominee Main Contact) Phone Number:	
Nominee's Organization (Municipality / CSM / DSSAB):	

COMMITMENT TO HUMAN SERVICES

**Please review eligibility criteria on our website and limit each response to 300 words or less*

Please describe how the teams' work has demonstrated a contribution to the advancement of human services integration:

Please describe how the teams' work has demonstrated a contribution to the advancement of local service system management:

As a part of your application, we kindly ask that you include one of the following with your submission:

- *A few photos or a video (up to 1 minute) demonstrating your team in action*