

## 2021 OMSSA Awards and Recognition Program Champion of Human Services Award Nomination Form

Nomination Deadline: September 15, 2021

NOMINATOR INFORMATIO	N
Your Name:	Date:
Position / Title:	
Email Address:	
Phone Number:	
Commissioner / Lead Sign-Off (Please type)	
NOMINEE INFORMATION	
Name of Nominee:	
(Nominee Main Contact) Position / Title:	
(Nominee Main Contact) <b>Email Address:</b>	
(Nominee Main Contact) <b>Phone Number:</b>	
Nominee's Organization (Municipality / CMSM / DSSAB):	
ACHIEVEMENT IN HUMAN SERVICES *Please <u>review eligibility criteria on our website</u> and limit each response to 300 words or less	
Please describe the nominee's track record of achievement in human services:	



Please describe how the nominee has been recognized as a thought leader in human services and any provincial and/or nationally significant work:

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 3 minutes) demonstrating the nominee's work