



# Maine Association of Planners

## 2024 AWARDS NOMINATION FORM

Please submit one digital copy of this form and attachments to [Matthew Williams](#) by **April 5th, 2024**.

FMI: Contact Matthew Williams, Awards Committee Chair at (207) 669-6615 /

[mwilliams@ellsworthmaine.gov](mailto:mwilliams@ellsworthmaine.gov)

I hereby nominate \_\_\_\_\_ for a 2024 MAP Annual Award

Name of Planner/Project/Plan

### Award Category

☐ Professional Planner of the Year

☐ Citizen Planner of the Year

☐ Project of the Year

☐ Plan of the Year

### Submission Requirements

☐ 2024 MAP Award Nomination Form

☐ One-page summary of the submission or the individual's qualification (eligibility) and how the individual, plan, or project meets the criteria under the category (up to two pages)

☐ One (1) letter of recommendation in support of the submitted project or plan, OR  
Three (3) letters of recommendation for citizen planner or professional planner.

☐ Optional: Supporting documentation to help the awards committee in reviewing the application, such as copies of documents, maps, plans, photographs, newspaper articles, etc. If needed to determine a winner, the committee may request additional information on how the criteria are met.

### Nominator Information

*The nominator will work with the awards committee in obtaining additional information as needed and will serve as a liaison between the nominee and the committee.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee Information

*Please provide the names of up to two individuals, other than the nominator, to be notified in the event this submission is selected to receive an award.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_