

Innovation Award Nomination Form

Name of Nominee: _____

Community: _____

Phone Number: _____

This award recognized MME professionals who have developed innovative solutions to providing services to their community. The innovation should have increased the level or quality of service offered and at a sustainable cost for the community to continue the service for the foreseeable future.

Describe the activities the Nominee has participated in which would qualify them for the Innovation Award. Please attach additional information, articles, reports that further substantiate the nomination. The award nominations will be forwarded to the Experience Committee for approval.

Name of Person Nominating: _____

Email Address: _____

Phone Number: _____

Please submit nominations to awardnominations@mme.org