



American Society of Military Comptrollers
Gulf Coast Chapter



P. O. Box 1756
Eglin AFB, Florida 32542



Chapter Annual Awards Program

The Gulf Coast Chapter is set to kick-off its Annual Awards Program. The objective of the program is to recognize individuals for outstanding accomplishments within the chapter in one of the following areas:

- Accounting and Finance
- Auditing
- Budgeting
- Comptroller/Deputy Comptroller
- Intern/Trainee
- Contractor Support
- Resource Management
- Acquisition/Cost Analysis
- Financial Systems
- Team Achievement
(Small: 2-10, Large: 11-20 members)

The nominations are open to all members of the chapter, with one award winner selected per category.

Anyone may nominate a person who has demonstrated outstanding performance. Each nomination must be prepared using the award form shown on the following pages. The justification must be limited to the space provided, citing specific examples and factual details. Font cannot be smaller than 10pt and must allow for 1/2 inch margins. If an individual is nominated in more than one category, prepare a separate form for each category.

Judging will be based on outstanding performance as evidenced by documentation of the following areas:

Leadership & Performance: Minimum of 10 Bullets, Maximum of 15

Significant/Self Improvement: Minimum of 2 Bullets, Maximum of 4

Base & Community Involvement: Minimum of 2 Bullets, Maximum of 4

A selection panel, chaired by the Awards Committee Chairman, will review all nominations received and make final recommendations to the Executive Council, who will approve the final award winners.

Nominations must be sent in by email by **23 Feb 2018** to be considered by the selection panel.

Please send nominations to Christina.Frisch.1@us.af.mil and Ashley.Frisch.1@us.af.mil with "Annual Award Nomination" in the subject.



American Society of Military Comptrollers
Gulf Coast Chapter



Award Category: _____

Name:

RANK/GRADE

FIRST

M.I.

LAST

Position/Title: _____

Office Address: *(Include Zip Code or APO/FPO #)*

Telephone: _____ **Facsimile:** _____

DSN/FTS
COMMERCIAL

COMMERCIAL

DSN/FTS

E-Mail Address: (Required)

Nominator Data

Name:

RANK/GRADE

FIRST

M.I.

LAST

Signature

Date

Position/Title:

Office Address: *(Include Zip Code or APO/FPO #)*

Telephone: _____ **Facsimile:** _____

DSN/FTS
COMMERCIAL

COMMERCIAL

DSN/FTS

E-Mail Address:



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**Achievement Award
Nomination Form**

Justification Data; Specific CY Accomplishments
Use a minimum of ½ inch margins, no smaller than 10 pt. One page only – no attachments
