



CHIEF BLACK DOG DISTRICT
CHARTERED PARTNER AWARD

Deadline for nominations is **March 8, 2018**
Awards will be presented at the Volunteer Recognition Dinner

This nomination is confidential. Please do not advise the institution prior to the selection. A nomination does not guarantee an award. Nominator will be notified if the institution is chosen to receive award.

Care should be taken that all of the information requested on this nomination form is provided. Incomplete submissions will not be reviewed. Additional letters submitted on behalf of the institution are strongly encouraged and should be restricted to one page.

Institution: _____

Address: _____

City _____ State _____ Zip _____

Name of Institutional Head: _____

Position or Title _____ Telephone (____) _____

Chartered Org. Representative _____ Telephone (____) _____

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Charter(s)
Pack # _____ Tenure of Unit _____ years Other: _____
Troop # _____ Tenure of Unit _____ years
Team # _____ Tenure of Unit _____ years Other: _____
Crew # _____ Tenure of Unit _____ years
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Support Data:

Explain why this institution should be honored for excellence in relationships. Give evidence as to how the institution has demonstrated outstanding or distinctive relationships beyond the normal expectation; provided noteworthy service to youth; contributed to increased youth participation; cooperated with the District and/or Council; involved the institutional head in the selection of quality Unit leadership; caused greater comprehension in the use of Scouting within the community organization; and any additional pertinent information.

Outstanding/Distinctive Relations _____

Noteworthy Service to Youth _____

Increased Youth Participation _____

Cooperation with District/Council _____

Involved Institutional Head _____

Caused Greater Comprehension _____

Other _____

(Attach additional sheets only if necessary)

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If the institution is selected, please ensure that their representatives are in attendance at the Volunteer Recognition Dinner.

Nominated by: _____ Date _____

Signature _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Telephone (____) _____ BSA Position _____

Other Supporter: _____

Other Supporter: _____

Other Supporter: _____

Submit this form by the deadline date to the District Awards Chair:
Mail: Kent Brost
1466 Blackhawk Lake Drive
Eagan, MN 55122
Email: ktbrost@comcast.net
--Or submit at any Roundtable prior to due date--