


Sargent Shriver Achievement Award Nomination Form

Name of Nominee: _____

Nominator's Name & Title: _____

Nominator's Community Action Agency (CAA): _____

CAA Full Address: _____

Nominator's Phone: _____

Nominator's Email: _____

Awards:

If your state or agency recognizes customers or volunteers during National Community Action Month, or at any time during the year, please submit their names as nominees. The Partnership will provide hotel accommodations and convention registration for each award recipient.

Deadline:

Form, narrative, supporting letter (s) and / or documentation must be postmarked or mailed on or before June 6, 2019

Send to:

Jovita Tolbert, Deputy Director
Community Action Partnership
1020 19th Street NW, Suite 700
Washington, DC 20036
Phone: (202) 860-1028
jtolbert@communityactionpartnership.com

