**Nomination Form**

#### 2020/2021 DMSMS Industry Team Achievement Award

ALL nominations must be received by midnight EDT October 30, 2021. Allow sufficient time for any internal approvals process. THERE CAN BE NO EXTENSION OF THE DEADLINE FOR ANY CIRCUMSTANCE.

**Nominee Information for Primary Team Lead** (complete all)

|  |
| --- |
| Name:  |
| Title:  |
| Organization:  |

*(Please enter additional data on the Contact Information page.* Return ALL pages of this form in compatible Word format NLT October 30, 2021 to Kirkland Dickson (kdickson@NDIA.org). **Font size should be not less than 10 points.**

**Proactivity**

Provide a brief description of team’s effort to

**Resolution Funding**

*Provide a brief description of the team’s ability to address financial aspects of resolution*

**Non-monetary Benefits**

*Describe briefly how the team’s efforts delivered additional benefits*

**Cost Savings/Avoidance**

**Describe how well the team was able to**

* Did the team’s efforts lead to the avoidance of a redesign (i.e., either a redesign was the proposed resolution, and the team found a different resolution [including a lower-level redesign] for the problem or, if the issue hadn’t been identified when it was identified, a redesign would have been the only way to resolve)
* Did the team’s efforts lead to cost avoidance measured as the difference between actual costs and what would have happened if the team had not made his or her contribution?

**CONTACTS INFORMATION PAGE**

### Primary Nominee Contact Information:

This is the person and organization to which you wish the award to be presented. Please provide complete contact information for the primary nominee. In the event of being selected as the winner or as an honorable mention selectee, this person/organization, along with additional team members, will be identified as the awardees.

### Nominator Contact Information:

Please provide the following contact information for the primary nominating person. This is the primary point of contact for the nomination. This will be the point of contact for any questions during the process.

### Team Nominee Contact Information

Please provide the following contact information for each team nominee (maximum of five). These are the persons nominated to receive the award. All fields required.

Primary Nominee Name:

Title:

Organization:

Address:

Phone number:

E-mail:

Nominee Name:

Title:

Organization:

Address:

Phone number:

E-mail:

Nominee Name:

Title:

Organization:

Address:

Phone number:

E-mail:

Nominee Name:

Title:

Organization:

Address:

Phone number:

E-mail:

Nominee Name:

Title:

Organization:

Address:

Phone number:

E-mail:

### Nominator Contact Information

Please provide the following contact information for the primary nominating person. This is the primary point of contact for the nomination. All fields required.

Name:

Title:

Organization:

Address:

Phone number:

E-mail:

**The Nomination Form and Contacts Information Page must be emailed to Kirkland Dickson (kdickson@NDIA.org no later than November 14, 2016 for award consideration.**