



## Tennessee Association of Community Leadership

*Tennessee Association of Community Leadership (TACL) serves as a resource that builds, supports, and enhances community leadership development in each county across the State of Tennessee.*

### **Guidelines for Submitting a Program Nomination to TACL**

This award is presented by TACL to give recognition to a Leadership Program that has shown considerable success in impacting the quality of life of the area served through the years.

It is open to any leadership program in Tennessee (adult, youth, senior, or young adult) that is a dues paying member of TACL. One or more of your programs may be nominated. We are looking for best practices in leadership programs.

#### **Nominees should be programs that:**

- Have experienced growth
- Made a significant impact on their communities
- Have at least one Adult, Youth, Senior, Young Adult, or Regional program
- Have financial stability

#### **The organization should have leaders that:**

- Continually think outside the box
- Are involved in innovative strategies within their program and community.

#### **Nominations are made by submitting the completed Nomination Form to TACL at the address below, no later than **August 1st.****

- Self-nominations are absolutely encouraged and are common!
- Nomination of other leadership programs of which you are familiar is appreciated.

#### **Supporting materials should include the below details, due to TACL no later than **August 31st.****

- One to two page narrative from the Board of Directors or Committee that oversees the program to explain why this program is "Outstanding."
- Three to five letters of support from any of the following:
  - Local officials, past participants; community leaders; community organizations, businesses.

***Please complete, scan and email to:***

Judy Renshaw, [taclresources@gmail.com](mailto:taclresources@gmail.com).



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## Outstanding Leadership Program

### **Nomination Form**

Leadership Program Nominated: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Program Type:**

Adult Program  Youth Program  Regional Program  Senior  Young Adult

### **Nominator Information**

Name: (Mr./Ms./Mrs./Dr.) \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*All award notifications will be sent to the nominator.

Signature: \_\_\_\_\_