

## Team Achievement Award Nomination Form

## Calendar Year (CY): 2024 Nominations must be received by 24 January 2025

	Nom	inee Data	(Form m	ust be filled out	completely)	
Team Name: _						
Team Leader:						
	Salutation	RANK/ GRADE	FIRST	M.I.	LAST	SERVICE/AGENCY
Command Level (	Must be checked)			Headquarters or Hig	her	
		🗌 Unit U	nder a Maj	or Command		
Team Size (Include			_			
-	-	-		mall Team (2 to 10	•	
Permanent Offic	ce Address of Tea	m Leader (Ir	iclude Zip	Code or APO/FPO	#)	
Telephone:						
	DSN/FTS		MERCIAL			
_						
Team Members:	1			11		
(Include Rank	2					
and Full Name)	3					
	4 5					
	6			16.		
	7					
	8					
	9			19		
	10					
			Nomir	ator Data		
Namo			Nomi			
Name:	GRADE FIRST	г	M.I.	LAST		
Signatu				Date	-	
Position Title:						
Office Address (In	clude Zip Code or <i>I</i>	APO/FPO #)				
Tolonhono:						
Telephone:	N/FTS COM	MERCIAL				
E-Mail Address: _						



Justification Data; Specific CY Accomplishments No attachments. Each section is limited to 500 words.

**IMPACT (50%)** Focused on the results and impacts the accomplishment had across the organization and/or functional communities.

**COMPLEXITY AND LEADERSHIP (35%)** Focused on the level of difficulty involved in developing and implementing the achievement(s) and the specific leadership skills demonstrated.



**Resource Savings (15%)** Focused on the amount of actual or projected monetary and/or non-monetary savings; manpower savings; time savings; and period of savings (year of execution, budget year, POM, etc.).

## **Summary of Award Justification**

In 50 words or less, please provide a summary of the reason(s) this individual is being nominated. This summary will be used in publicity for any winning nomination. *Example: Major Smith was instrumental in the xyz project, which helped save \$500K in core funding and streamlined tracking and communication, leading to an expedited year-end closeout.*