

SUSTAINABLE COMMUNITIES INITIATIVE COUNCIL

2015 "BEST OF THE BEST" AWARDS APPLICATION FORM



PROJECT, PROGRAM OR POLICY NAME: _____

PROJECT, PROGRAM OR POLICY LOCATION: _____

HOW DID YOU HEAR ABOUT US? _____

AWARD CATEGORY: (PLEASE CHECK ONE)

AWARD FOR ACHIEVEMENT




Organizational Leadership

AWARD FOR ACHIEVEMENT



Community Development Projects

AWARD FOR ACHIEVEMENT



Vision

***The Bob Awards Committee will evaluate each application and award category selection*

TABLETOP DISPLAY AT EVENT: YES NO (FREE FOR APPLICANTS)

SUBMITTER:


 NAME/TITLE: _____

 ADDRESS: _____

 TELEPHONE: _____  EMAIL: _____

CONTACT PERSONS:

 NAME/TITLE: _____

 ADDRESS: _____

 TELEPHONE: _____  EMAIL: _____

PROJECT PARTICIPANTS: _____

PROJECT, PROGRAM OR POLICY CONSTRUCTION, ADOPTION OR COMPLETION DATE:

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LIST ANY THIRD PARTY VERIFICATIONS:

EXECUTIVE SUMMARY OF THE PROJECT, PROGRAM OR POLICY:

Please include a **MAXIMUM 250 WORD** Executive Summary of how this program, project or innovation has improved or could improve community sustainability in the OC or IE.

Please submit this form and the accompanying required narrative, imagery and supporting metrics (using the BoB PowerPoint template provided) via e-mail or cd with payment to:

ULI OC/IE Attn.: 2015 BoB Awards

2082 Business Center Drive
Suite 280
Irvine, CA 92612

(949) 973-0041
bobawards@uli.org

NON-PROFIT GOVERNMENT AGENCY

EARLY SUBMITTAL
ON OR BEFORE 2/13/15
\$100

EXTENDED SUBMITTAL
ON OR BEFORE 2/27/15
\$150

DEVELOPER/BUILDER/ FOR PROFIT/PRIVATE SEC.

EARLY SUBMITTAL
ON OR BEFORE 2/13/15
\$150

EXTENDED SUBMITTAL
ON OR BEFORE 2/27/14
\$200

By submitting this application, the materials and information herein may be included in the ULI database of best practices on its website and for other educational purposes unless specific material or information is indicated as confidential. Also, please appropriately identify any copyrighted material.

Payment may be made by credit card or check made out to ULI Orange County/Inland Empire per the above fee schedule.

PAYMENT METHOD:

PAYMENT TOTAL: _____

CHECK

CREDIT CARD

Name on Card: _____

Card Type/Number: _____ Exp. Date: _____