



PUBLIC-PRIVATE PARTNERSHIP

Project Criteria

The Public-Private Partnership Award is presented to the **group or project** that has demonstrated a commitment to regionalism through a public-private partnership. Nominations must include at least one MAG member agency. (See list of member agencies on last page of the Call for Entries instructions.) Projects must be completed to be considered. **Please list the information for the group or project below and include the partnering MAG member agency(ies). On the next page, list ALL organizations involved.**

Group/Project Title _____

Individual Representing Group/Project (person who will be accepting award on behalf of the group or project) _____

Title of Individual _____

Organization/Affiliation _____

Department/Division (if applicable) _____

Mailing Address _____

City/State/Zip Code _____

(Area Code) Phone _____ (Area Code) Fax _____

E-mail Address _____

List only MAG member agencies below. Provide contact information for these and ALL organizations on the reverse side of this form.

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Please fill out the next page to describe ALL participating organizations.

This form may be duplicated for additional nominations.

Award Criteria

Entries will be judged on a variety of factors, including the success of the partnership in promoting, recognizing, demonstrating and attaining the ideals of regionalism. See entry requirements.

Nominated By

Name _____

Title _____

Organization _____

Street Address _____

City/State/Zip Code _____

Staff Contact (if different than above) _____

Contact (Area Code) Phone _____ (Area Code) Fax _____

Contact E-mail Address _____



Send Nominations to:

Maricopa Association of Governments

Desert Peaks Awards

302 North 1st Avenue, Suite 300, Phoenix, AZ 85003

For additional information, please call (602) 254-6300.

Please return completed applications and support materials by 5:00 p.m. Friday, March 16, 2012.

Please list ALL organizations involved with this partnership below. Include any agencies listed on the previous nomination page that should be included as a partnering agency. This form may be duplicated for additional participants.

MAG Member Agency or Partnering Organization

Contact Name

Title of Individual

Department/Division (if applicable)

Mailing Address

City/State/Zip Code

(Area Code) Phone

E-mail

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Title of Individual

Department/Division (if applicable)

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