



# REGIONAL PARTNERSHIP

## Project Criteria

The Regional Partnership Award is presented to **two or more Maricopa Association of Governments (MAG) member agencies** that have demonstrated a commitment to regionalism through cooperative efforts. Partnerships must be among MAG member agencies only. (See list of member agencies on last page of the Call for Entries instructions.) Projects must be completed to be considered. **On the next page, please list ALL agencies involved.**

Group/Project Title

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

**List only MAG member agencies below. Provide contact information for these member agencies on the next page of this form.**

Title of Individual

Organization/Affiliation

Department/Division (if applicable)

Mailing Address

City/State/Zip Code

(Area Code) Phone

E-mail Address

## 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

Mailing 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 any supporting materials by 5:00 p.m., Friday, March 11, 2016.**

**REGIONAL PARTNERSHIP: 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. Note: Maximum Lucite awards presented per category is 15. Additional awards will be available for purchase.**

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MAG Member Agency

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Title of Individual

\_\_\_\_\_  
Department/Division (if applicable)

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Mailing Address

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City/State/Zip Code

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(Area Code) Phone

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