PARTNERSHIPS AWARD – SUBMISSION FORM

Submissions to the Minister’s Award for Municipal Excellence are evaluated based on the information provided in this form. The submissions are evaluated by a Review Committee comprised of representatives from the AUMA, AAMDC, LGAA, ARMAA, SLGM, and GFOA.

The Review Committee is interested in how well the submitted practice has been planned, communicated, organized, implemented and managed. Information about the improvements experienced using the practice is very important as evidence of the success of the practice in achieving the stated goals. Submissions must demonstrate that the practice has been in place for a sufficient length of time to produce verifiable results.

For the **Partnerships** category, submissions will be evaluated on how well they align with and/or demonstrate the following:

* The **quality of the relationships built and/or strengthened by the partnership**;
* **cooperative actions** or **strategic partnerships** with an **appropriate balance of representation and responsibility**;
* partnerships with **formal agreements in place** that ensure continuing cooperation and shared benefits; and
* Initiatives or policies that **identify goals, benefits and demonstrated improvement** are especially significant.

**NOTE**: Points will be awarded for the degree of difficulty relative to available resources, scope of innovation and level of collaboration amongst partners as relevant

In addition to the specific evaluation criteria for this category, each submission is also evaluated on the following qualities:

* **Sustainability** - viability of the practice in the long run and documentation of efforts to evolve and improve the practice over time.
* **Relevance –** suitability of the practice to the local conditions, size of municipality and available resources
* **Transferability** - effect the practice has or could have on local government throughout the province and the effort expended in order to assist other municipalities in understanding and implementing the practice.
* **Quality of submission** - clarity, logic and completeness of practice document and supporting materials

**Technical note: Please note that Microsoft Word 2007 or newer is required to open this form. Your version of Microsoft Word may also open this form in Protected View. If that is the case, please click “Enable Editing” or “Edit Anyway” to start using the form.**

**General Information**

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| **Date** (MM/DD/YYYY) | Click or tap to enter a date. |
| **Name of Practice** | Please enter a concise title for the practice. The title should have a maximum of 45 characters as it may be used as the official name of your practice. |
| **Name of Municipality** | Please enter the name of the municipality submitting the practice. If the practice is a partnership between municipalities, please enter the name of the municipality submitting on behalf of the partnership. |
| **Municipality Website** | Please provide the URL to your municipality’s website. |
| **Name of Contact Person** | Please enter the name of the contact person for the submission if there are questions about the submission. |
| **Email of Contact Person** | Please enter the email address for the contact person.. |

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| **INTRODUCTION** |
| Please provide a brief description of your practice (approximately 100 words):  Click or tap here to enter text. The field will expand as required. |
| Why do you believe this municipal practice should be considered for a Municipal Excellence Award? Please briefly list the reasons.  Click or tap here to enter text. The field will expand as required. |
| Who are the members of your partnership? What were their contributions to the practice?  Click or tap here to enter text. The field will expand as required. |
| What need did this practice address in your community or organization? What were the goals, objectives and/or desired outcome of implementing this practice?  Click or tap here to enter text. The field will expand as required. |
| **IMPLEMENTATION** |
| What was the process you went through to implement this practice?  Click or tap here to enter text. The field will expand as required. |
| **EVALUATION** |
| How have you evaluated your practice? Are statistics, data, or performance measures available?  Click or tap here to enter text. The field will expand as required. |
| How has your community or municipality benefited from this practice?  Click or tap here to enter text. The field will expand as required. |
| **KEY LESSONS** |
| What key lessons did you or your municipality learn as a result of implementing this practice in your community?  Click or tap here to enter text. The field will expand as required. |
| **ADVICE TO OTHERS** |
| What advice would you give to another municipality that is considering adopting your practice? Is there anything you might have done differently?  Click or tap here to enter text. The field will expand as required. |
| **Comments** |
| Anything else you would like to mention about this practice?  Click or tap here to enter text. The field will expand as required. |
| **ADDITIONAL DOCUMENTATION (optional)**  Please attach an electronic version of **ONE document** or provide **ONE website link** you feel the Review Committee should be aware of in relation to your practice.  Please provide the name of the document attached or if it is a website link, please provide the URL to the website where the information can be found. |

Please email your completed submission by noon on **March 31, 2018** to [menet@gov.ab.ca](mailto:menet@gov.ab.ca).

***IMPORTANT NOTES:***

* *The Awards program is only open to submissions by municipalities.*
* *A practice may be submitted to one category only per Award year.*
* *A municipality may submit a maximum of two practices per Award year.*

*If you have any questions, please call* [*780-427-2225*](tel:7804272225) *or toll free:* [*310-0000*](tel:3100000)*, or email* [menet@gov.ab.ca](mailto:menet@gov.ab.ca)

*The information provided on this form will be used in support of the Minister's Awards for Municipal Excellence Program. It is being collected under the authority of section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act and will be managed in accordance with the FOIP Act. If you have any questions about this collection, please contact the Municipal Internship and Education team, 17th Floor Commerce Place, 10155 - 102nd Street, Edmonton, Alberta, T5J 4L4, (780) 427-2225 (Outside Edmonton, call 310-0000 to be connected toll free).*