SAFE COMMUNITIES 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 **Safe Communities** category, submissions will be evaluated on how well they align with and/or demonstrate the following:

- The practice addresses law enforcement and prevention of criminal activity;
- The practice addresses root causes of criminal activity;
- The practice provides learning opportunities to high risk groups; and/or
- The practice identifies community safety targets/goals and demonstrates improvements.

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





C	Informa	-:
(-onora	intorma	rinn

Date (MM/DD/YYYY)	
Name of Practice	
Name of Municipality	
Municipality Website	
Municipality Email	
Name of Contact Person	
Email of Contact Person	

INTRODUCTION
What is the practice you are submitting (brief description)?
Why do you believe this municipal practice should be considered for a Municipal Excellence Award? Please briefly list the reasons.
How does this practice demonstrate a commitment to safety for your community?





addressing in your organization or community?
IMPLEMENTATION
What was the process you went through to implement this practice?
EVALUATION
How have you evaluated your practice? Are statistics, data, or performance measures available?
How have you evaluated your practice? Are statistics, data, or performance measures available?
How have you evaluated your practice? Are statistics, data, or performance measures available? How has your municipality benefited from this practice? (provide tangible impacts the practice has had on
How have you evaluated your practice? Are statistics, data, or performance measures available?
How have you evaluated your practice? Are statistics, data, or performance measures available? How has your municipality benefited from this practice? (provide tangible impacts the practice has had on
How have you evaluated your practice? Are statistics, data, or performance measures available? How has your municipality benefited from this practice? (provide tangible impacts the practice has had on
How have you evaluated your practice? Are statistics, data, or performance measures available? How has your municipality benefited from this practice? (provide tangible impacts the practice has had on
How have you evaluated your practice? Are statistics, data, or performance measures available? How has your municipality benefited from this practice? (provide tangible impacts the practice has had on





KEY LESSONS
What key lessons did you/your municipality learn as a result of implementing this practice in your
community?
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?
COMMENTS
Anything else you would like to mention about this practice?





ADDITIONAL DOCUMENTATION (optional)

Please attach electronic versions of the **ONE** or **TWO** documents you feel the Review Committee should be aware of in relation to your practice. List the names of those documents here.

1.

2.

Please email your completed submission by noon on March 31, 2017 to 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 or toll free: 310-0000, or email 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 Excellence 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).



