VETERANS PERFORMANCE INCENTIVE AWARDS
PROGRAM NOMINATION FORM

NAME AND LOCATION OF CAREER CENTER OR OTHER SERVICE DELIVERY OFFICE
NOMINATED FOR RECOGNITION OF EXEMPLARY SERVICES TO VETERANS

NAME: ________________________________________________________________

ADDRESS: ____________________________________________________________

CONTACT PERSON: ____________________________

TELEPHONE: ________________________________

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(Check Applicable Activities for which exemplary service has been achieved)

1. **Productivity**

   ___ Veterans/Disabled Veterans Entered Employment
   ___ Placement of Homeless Veterans
   ___ Enrollment of Veterans/Disabled Veterans in Training
   ___ Placement of VR&E (Chapter 31) Special Disabled Veterans
   ___ Individualized Career Services Rate (ICSR)
   ___ More than 50% of Veterans receiving ICS received services through the case management framework, which is defined as receipt of a comprehensive assessment and a written plan at a minimum

2. **Veterans’ Advocacy**

   ___ Participation in Veterans’ Stand Downs
   ___ Veterans’ Justice Involved Programs
   ___ Employer Marketing
   ___ Veterans’ Homeless Programs
   ___ Community Services for Veterans, especially those with Significant Barriers to Employment
   ___ Veterans’ Job Fairs
   ___ Outreach to Promote Service to the Veterans Population (Including National Guard & Reserves)
   ___ Community Involvement (Veterans’ Organizations, Chambers of Commerce etc.)
   ___ Exceptional Performance on any Project that Directly Affects Veterans, Including Other Activities
     Locally Created and Developed by the Career Center
   ___ Other

**Justification Narrative**

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
3. **Other** (Any item of significance not cited above)


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**Submitted By:**

Name of LWDB:

Name and Title of Person authorized to submit the nomination on behalf of the LWDB:

Name: ____________________________

Title: ____________________________

Signature _________________________  Date: __________________________