VETERANS INCENTIVE AWARDS
NOMINATION FORM

NAME ____________________________ (Nominee)
TITLE ____________________________ (DVOP, LVER, Other One-Stop Staff)
ONE-STOP _________________________
ADDRESS __________________________
______________________________
______________________________
TELEPHONE _______________________

NAME ____________________________ (Nominator)
TITLE ____________________________
ONE-STOP _________________________
ADDRESS __________________________
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______________________________
TELEPHONE _______________________

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(Check Applicable Activities)

1. Productivity
   ____ Veterans/Disabled Veterans Entered Employment   ____ Placement of VR&E Special Disabled Veterans
   ____ Enrollment of Veterans/Disabled Veterans in Training   ____ Placement of Homeless Veterans
   ____ Other

Justification Narrative
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2. Veterans’ Advocacy
   ____ Veterans’ Stand Downs   ____ TAP Programs   ____ Employer Marketing
   ____ Veterans’ Homeless Programs   ____ Veterans’ Job Fairs
   ____ Veterans’ Grant Awards (Homeless Veterans’ Reintegration Program, Veterans’ Workforce Investment Program, etc.)   ____ Community Involvement (Veterans’ Organizations, etc.)
   ____ Personal Achievement (letters of appreciation, receipt of awards, etc.)   ____ Special Projects   ____ Other

Copies of Nominations should be submitted to Mitch Collier, AWT State Veterans’ Program Coordinator.
3. **Other** (Any item of significance not cited above)