

**VETERANS INCENTIVE AWARDS  
NOMINATION FORM**

NAME \_\_\_\_\_  
*(Nominee)*

NAME \_\_\_\_\_  
*(Nominator)*

TITLE \_\_\_\_\_  
*(DVOP, LVER, Other One-Stop Staff)*

TITLE \_\_\_\_\_

ONE-STOP \_\_\_\_\_

ONE-STOP \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, AWI State Veterans' Program Coordinator.*

**Justification Narrative**

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

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*Copies of Nominations should be submitted to Mitch Collier, AWI State Veterans' Program Coordinator.*