



# NOMINATION FORM FOR ETHICS IN ACTION AWARDS

Thank you for taking the time to recognize someone in the Brown County community who is creating healthier neighborhoods, schools, or workplaces.

Nominations are accepted year-round, and nominations received after May 31 will be considered next year, so the independent selection committee has time to fully consider nominations.

*Fields marked with an \* are required. If you need more space, you may attach a separate piece of paper.*

## ABOUT YOU (THE NOMINATOR)

Name\* \_\_\_\_\_ Date\* \_\_\_\_\_

Email\* \_\_\_\_\_ Phone\* \_\_\_\_\_

## ABOUT THE PERSON YOU ARE NOMINATING (THE NOMINEE)

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_ Phone\* \_\_\_\_\_

The ideal nomination focuses on a story, i.e., a specific problem or event in the community and how the nominee transformed the situation). We aren't looking for information about how amazing the nominee is as a human (they are!). The goal is to inspire action with their individual story.

**Tell us about a situation, need or challenge that existed in the community, or an issue that wasn't being addressed that should have been?\***

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**How did the Nominee improve the situation or address the need? We are especially interested in hearing about ways that the Nominee is finding a creative response to a problem, addresses a need that is often invisible, or maintains commitment to values when it might be easier to give them up.\***

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What was the outcome of the Nominee's work? How does this situation look now? Is this work ongoing? Has the Nominee's work inspired more change in this area?\*

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Did the Nominee's work/action described above either occur in Brown County, WI or have an impact in Brown County, WI?\* Yes/No \_\_\_\_\_

Did the nominee's work/action (1) happened within the past 24 months or (2) was completed more than 24 months ago and continues to positively impact Brown County? \* Yes/No \_\_\_\_\_

Where the nominee's work/action had an impact (choose all that apply):

- Workplace       School       Neighborhood

**REFERENCES, I.E. STORY SUPPORTERS**

We ask that you provide **at least one reference** to support the story you told above. That's someone else with knowledge or information about the impactful thing that the nominee did to inspire this nomination. There's space to provide additional references if you wish.

**Story Supporter #1 (required)**

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_

**Story Supporter #2 (optional)**

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_

**Story Supporter #3 (optional)**

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_

**Story Supporter #4 (optional)**

Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_

**PLEASE MAIL THIS COMPLETED FORM, POSTMARKED BY MAY 31 TO  
Hannah Dernbach, Community Outreach and Events Manager  
Foundations Health & Wholeness  
1061 W. Mason Street, Green Bay, WI 54303**