AFM SUPPORT AWARDS FOR EXCELLENCE PROGRAM

PURPOSE

To annually recognize outstanding achievements which have increased efficiency in the Administrative and Financial Management (AFM) support activities of the Research, Education, and Economics (REE) agencies.

CATEGORY

Recognizing the diversity of the AFM support functions and the importance of both headquarters and field personnel in support of scientific research, education, and economics in the REE agencies, awards may be given in one or more of the following categories:

| AFM Headquarters | ARS Area Administrative Offices | ARS Location Administrative Offices |
|--|--|--|
| SpecialistSupport Staff | SpecialistSupport Staff | SpecialistSupport Staff |

ELIGIBILITY

Nominations may be made of any ARS AFM Headquarters employee, ARS Area Administrative Office (AAO), or any ARS Location Administrative Office (LAO) employee. An employee may be supervisory or non-supervisory. Individual and group nominations will be accepted. Group nominations should include only those members who played a significant role in the accomplishment of the group and may include persons from other ARS units, other Federal agencies, and non-Federal persons. Nominees must have sustained performance at the Fully Successful level or above. *Human Resources Division (HRD) will confirm*.

SELECTION CRITERIA

Nominations must show evidence of at least one contribution which has significantly improved the efficiency and economy of operations in an administrative or financial management function. Specifically, the contribution:

- Must have increased program effectiveness or resulted in cost reduction. Achievement may reflect dollar savings, systems benefits, increased productivity, improved customer service, or have been the result of an intensive effort to address a problem.
- Must have positively impacted the mission of the organization serviced.

NOMINATION AND SELECTION PROCEDURES

Any REE employee may submit a nomination of an ARS AFM employee, ARS AAO employee, or ARS LAO employee. The nomination format is attached. Nominations should clearly demonstrate how the nominee(s) meets the criteria. The Performance and Awards Staff is available to assist nominators in making this determination and will review nominations for consideration.

The Deputy Administrator, AFM, will appoint a diverse selection panel composed of representatives from client groups, field locations, and headquarters staffs. All selections are approved by the Deputy Administrator, AFM.

NATURE OF AWARDS

One winner will be selected to receive the *Gold Award for Excellence* and receive a cash award of \$4,000.

One winner will be selected to receive the *Silver Award for Excellence* and receive a cash award of \$3,000.

Up to two winners will be selected to receive *Bronze Awards for Excellence* and each receives a cash award of \$2,000.

If a group is selected for an award for excellence, the award amount will be determined by the Deputy Administrator, AFM. Non-Federal persons are not eligible for cash awards, but may participate in the recognition event and receive an award plaque. The winners of this program will be recognized at the ARS Annual Recognition Program in February.

| AFM Support Awards for Excellence Nomination Form | | | | | |
|---|--------------------------------|------------------|-----------|------------------------------------|--|
| | | | | | |
| CATEGORY: | | | | | |
| AFM Headquarters | Specialis | t | | Support Staff | |
| Area Administrative Offices | Specialis | t | | Support Staff | |
| Location Administrative Offices | Specialis | t | | Support Staff | |
| NAME OF GROUP: (as wanted on the pla | que, if applicabl | le) | | | |
| NAME OF NOMINEE(S): (as wanted o | n the plaque) | TITLE: (lis | t present | t or last position held with ARS.) | |
| ADDRESS: (area/branch/location if applicabl | e) | | | | |
| | | | | | |
| TELEPHONE: (include area code) | | FAX: | | E-MAIL: | |
| EXPERIENCE: Dates: | Title: | Gra | de: | Organization: (if obtainable) | |
| | | | | | |
| CITATION: (25 words or less, beginning with JUSTIFICATION: (The justification of fully describe the accomplishment, the Separate sheets may be attached. Limit | must specific role of the n | ominee(s), as we | ell as ti | * | |
| NOMINATOR'S NAME: | | | l NO | OMINATOR'S TITLE: | |
| | | | | | |
| NOMINATOR'S ADDRESS (include A | Area/Branch/Loc | cation) | · | | |
| SIGNATURE OF NOMINATOR | | DATE | | | |
| NOMINATOR'S TELEPHONE (inclu | ıde area code) | FAX | ı | E-MAIL | |
| | | | | | |