

**U. S. Department of Agriculture**

**Secretary’s Honor Awards Instructions**

*Please read the following instructions thoroughly for completing the Honor Awards Nomination Form*

***Purpose of the Secretary’s Honor Awards***

The purpose of the Secretary’s Honor Awards is to recognize

exceptional leadership, contributions, or public service by

individuals or groups who support the overall mission/goals of

USDA.

***General Information***

* Nominations must include an original and two copies.
* Once approved, an electronic copy of the justification will be

required. Submit it to your Agency Incentive Awards

Coordinator.

* Supplemental attachments will not be acceptable.
* Provide the phonetic spelling for any employee name, city,

terminology, etc., subject to mispronunciation.

* Show employee’s or group’s name(s) exactly as it should appear on the award plaque or certificate. Do not provide

nicknames.

* Congressional District numbers must be completed or

indicated as “AT LARGE” if applicable. A listing of

Congressional District numbers is found at: <http://www.house.gov/house/MemberWWW_by_State.shtml>

* Maximum of (2) group leaders, if applicable.

***Format***

* Use font size and type no smaller than Times New Roman,

Arial or Courier, 12 point on pages 5, 6, 7 & 8. When listing

group members font size may be reduced to 7 or 8 point.

* All nominations must be single-spaced, with double-spacing

between paragraphs. The justification is limited to the space

provided.

***Nomination Requirements***

* Do NOT use acronyms or abbreviations in your justifications.
* Clearly justify the accomplishment which significantly

contributes to the Department’s mission and/or goals.

* Prepare a synopsis of no more than 150 words describing

the contribution/achievement being recognized.

***Citation Requirements***

* No more than 30 words in length suitable for reading during

the ceremony that briefly explains the accomplishment and

results achieved.

* The following are examples of acceptable and unacceptable citations.

Acceptable: For leading research in nutrition, resulting in

the definition of the molecular basis of zinc metabolism regulations by hormonal and dietary factors in health and

disease.

Unacceptable: For outstanding service in the development   
of a performance accountability tracking system.

***Photographic Requirements***

**Submitting Photographs for the Honor Awards Brochure**

Each agency should provide a black and white photo with an image area of no less than 5” x 7”. Digital or Traditional photography can be used. Image quality must be sharp and crisp, with no blurring of the subject matter.

*Requirements for Digital Photography*

* A digital camera of no less than 3.0 megapixels must be

used.

* The image area must be 5” x 7” and have a resolution of 300 pixels per inch.
* Digital images should be sent by email in JPEG format to your Agency Incentives Awards Coordinator. Black and white prints should be sent by FedEx to your Agency Incentive Awards Coordinator.

*Requirements for Traditional Photography*

* A 5” x 7” print should be provided.
* Glossy paper is preferable for the print, because it scans best.
* Use of 35mm cameras provides simplest and best results.

**Submitting Slides for Ceremony Presentation**

A PowerPoint slide showing the individual’s/group’s product or accomplishment for which recognition is being received.

Label all photographs and slides with the individual’s/group’s name, award category, agency, and duty station city and state. Internet images will not be accepted.

***Submission of Nominations***

* Each agency may submit a maximum of four nominations and Department Staff Offices may submit two nominations. Nominations must be submitted by and have the concurring signatures of the Under/Assistant Secretary or Staff Director.
* All nominations must be received by the due date indicated in the announcement memorandum.

**ALL REQUESTED INFORMATION IS REQUIRED FOR THE NOMINATION TO BE CONSIDERED.**

**INCOMPLETE NOMINATIONS MAY BE DISQUALIFIED.**

**ALTERED FORMS WILL NOT BE ACCEPTED.**

**Checklist-** Are the following complete?

Completed nomination form

30 words or less citation

Summary statement

Authorized signatures

Original and two copies

Photo and PowerPoint Slide

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on

the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial

status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or

because all or a part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.)

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| U.S. Department of Agriculture  **HONOR AWARDS NOMINATION FORM** | |
| **PART A. COMPLETE FOR NOMINATIONS** | |
| NAME OF SUBMITTING UNIT | RECOGNITION TYPE (CHECK ONE)  INDIVIDUAL   GROUP |
| INDIVIDUAL NOMINEE OR GROUP NAME | PERIOD COVERED (MONTH/YEAR)  FROM:       TO: |

AWARD CATEGORIES (CHECK ONE) The contributions must have occurred or results realized

within the last three years. Acts of heroism must have occurred within the last year. Award category

explanations are provided in the annual announcement memorandum.

Assisting rural communities to create prosperity so they are self-sustaining, repopulating,

and economically thriving

Ensuring our National forests and private working lands are conserved, restored, and made more

resilient to climate change, while enhancing our water resources

Helping America promote sustainable agricultural production and biotechnology exports as

America works to increase food security

Ensuring that all of America’s children have access to safe, nutritious, and balanced meals

Management Excellence – A Modern Work Place with a Modern Workforce

Personal and Professional Excellence

Support Service

Heroism and Emergency Response

Diversity and Inclusion

Labor Management Collaboration

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| **SUGGESTED CITATION THAT WILL BE ENGRAVED ON PLAQUE (30 words or less)** | | | |
| **PART B. COMPLETE FOR INDIVIDUAL SUBMISSIONS** | | | |
| 1. NAME (LAST, FIRST, MIDDLE) | | 2. PHONETIC NAME SPELLING (if applicable) | |
| 3. POSITION TITLE | 4. SERIES/GRADE | | 5. DUTY STATION (CITY & STATE) |
| 6. LEGAL RESIDENCE (CITY & STATE) | | 7. CONGRESSIONAL DISTRICT NO. | |

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| **PART C. COMPLETE FOR GROUP SUBMISSIONS** | | | | | | | | |
| 1. NAME OF GROUP (AS INDICATED IN PART A) | | | | | | | | |
| 2. NAME OF GROUP LEADER(S) (*Max. 2)*  *(LAST, FIRST, MIDDLE)* | | 3. PHONETIC NAME SPELLING *(if applicable)* | | | 4. POSITION TITLE/SERIES/GRADE | | |
| 5. OFFICIAL DUTY STATION (*CITY & STATE)* | | 6. LEGAL RESIDENCE *(CITY & STATE)* | | | 7. CONGRESSIONAL DISTRICT NO. | | 8. GROUP SIZE | |
| **PROVIDE THE FOLLOWING INFORMATION FOR EACH GROUP MEMBER** | | | | | | | | |
| \*AGENCY\*  9. | NAME *(Last, First, Middle)*  *(Alphabetical Order and*  *E-Mail Address)*  10. | | POSITION TITLE  11. | SERIES/GRADE  12. | | DUTY STATION  *(city & state)*  13. | | |

**\***Provide ACRONYMS of agencies. (For agencies outside USDA provide the full name at the bottom of page or on a separate sheet.)

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| **PART C. COMPLETE FOR GROUP SUBMISSIONS** *(Continued)* | | | | |
|  | | | | |
| \*AGENCY\*  9. | NAME *(Last, First, Middle)*  *(Alphabetical Order and*  *E-Mail Address)*  10. | POSITION TITLE  11. | SERIES/GRADE  12. | DUTY STATION  (*city & state)*  13. |

\* Provide ACRONYMS of agencies. (For agencies outside USDA provide the full name at the bottom of page or on a separate sheet.)

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| **PART D. AWARDS AND RECOGNITION** | | |
| During the last three years, if applicable to individual and/or group nominee(s) list all Secretary’s Honor Awards. | | |
| EMPLOYEE NAME | HONOR AWARDS CATEGORY | YEAR AWARDED |
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| **PART E. JUSTIFICATION FOR NOMINATION** |

All nominations must clearly describe the significance of the contribution/accomplishment being recognized relative to the category selected, the impact on the Department successfully meeting its mission or strategic goals, the degree to and the results by which the contribution substantially exceeds normal job expectations, and any measurable or non-measurable benefits.

Note: Avoid the use of general or vague statements; emphasizing job responsibilities rather than accomplishments; in-house terminology and technical language; statistics without using a comparison; retirement testimonials, lengthy statements and excessive superlatives; and descriptions of outside personal activities.

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| **PART E. JUSTIFICATION FOR NOMINATION** *(Continued)* |
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| **PART F. SUMMARY STATEMENT** |

Prepare a synopsis of no more than 150 words describing the achievements upon which the nomination is based. The synopsis should be concise, descriptive, and fully outline the outstanding achievements related to the award for which the individual/group is nominated.

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|  | **PART G. CONTACT INFORMATION** | | | | | | |
| **NOMINATOR** | NAME | | | | E-MAIL ADDRESS | | |
| ADDRESS | | | | | | |
| DAYTIME # | | EVENING # | | | | FAX # |
| **NAME**  **OF INDIVIDUAL NOMINEE,**  **OR GROUP LEADER(S)** | NAME | | | E-MAIL ADDRESS | | | |
| ADDRESS | | | | | | |
| DAYTIME # | EVENING # | | | | FAX NO. | |
| **SURVIVOR INFORMATION**  **(POSTHUMOUS AWARD)** | NAME | | | E-MAIL ADDRESS | | | |
| ADDRESS | | | | | | |
| DAYTIME # | EVENING # | | | | FAX NO. | |
| **PART H. APPROVAL PROCESS** *(Review/Clearances)* | | | | | | | |

Submit nominations through Agency Heads and the appropriate Under/Assistant Secretary or Staff Director.

Agency Heads must ensure the validity of all nomination accomplishments. Screen nominations for equal employment opportunity violations and disciplinary actions. Once selected, Honor Award recipients will be screened at the Department.

***For all nominations, complete items 1 thru 4 below.***

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| 1. SIGNATURE OF RECOMMENDING OFFICIAL | TITLE | DATE |
| 2. SIGNATURE OF HUMAN RESOURCES DIRECTOR | TITLE | DATE |
| 3. SIGNATURE OF AGENCY HEAD | TITLE | DATE |
| 4. SIGNATURE OF UNDER/ASSISTANT SECRETARY | TITLE | DATE |

***Group nominations with individuals other than the submitting agency should have concurring signatures from the participating employees’ Under/Assistant Secretary or Staff Director.***

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| 1. SIGNATURE OF UNDER/ASSISTANT SECRETARY | TITLE | DATE |
| 2. SIGNATURE OF UNDER/ASSISTANT SECRETARY | TITLE | DATE |
|  | | DATE (Received by DM/OHRM) |