

EASTERN BAND OF CHEROKEE INDIANS



SUCCESS in OPERATIONS, ACCOUNTABILITY and REPORTING 2024 NOMINATION FORM

1. NOMINEE

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(Program name to appear on award)

POINT OF CONTACT

Name
Title
Phone
Email

(For additional information, interview or site visit)

PHYSICAL ADDRESS

2. ORGANIZATION PROFILE

Program Annual Budget		Number of full time employees	
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REASON FOR NOMINATION (Provide a brief statement describing why the program is nominated.)

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3. NOMINATION CATEGORY (Check all that apply)

- Operations
- Accountability
- Reporting

4. PUBLICITY PERMISSION

Do we have your permission to include your program name, limited nomination information and award level in publicity materials?

YES NO

5. REVIEW AND APPROVAL (Manager or higher)

I acknowledge that the above program has been nominated for this award and I concur with the nomination. I am available for an interview if necessary.

Printed Name		Title	
Signature		Phone	

6. APPLICATION SUBMISSION

Submit this form clearly marked
"SOAR Nomination" to:



Office of Internal Audit and Ethics
P.O. Box 455
Cherokee, NC 28719

DEADLINE
June 14, 2024

For electronic submission send in PDF format to: oia@ebci-nsn.gov or use online form.