

# EASTERN BAND OF CHEROKEE INDIANS



## SUCCESS in OPERATIONS, ACCOUNTABILITY and REPORTING 2025 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 13, 2025**

For electronic submission send in PDF format to: [oia@ebci-nsn.gov](mailto:oia@ebci-nsn.gov) or use [online form](#).