

**DIRECT SERVICE TRIBES ADVISORY COMMITTEE  
RECOGNITION AND APPRECIATION AWARD  
NOMINATION FORM**

( Please check one category )

<i>Carole Anne Heart Spirit Award</i>	[ ]	<i>Chief Executive Officers Awards</i>	[ ]	<i>Outstanding Achievement Award</i>	[ ]	<i>Special Certificate of Recognition and Appreciation</i>	[ ]
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All nominations must include the following information (please print or type)

**I. General Information**

Nominee Name \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Title / Position \_\_\_\_\_

Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

  

Nominated and  
Concurred by \_\_\_\_\_

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

**II. Award Information:**

Eligibility (check one)      Federal [ ]      Tribal [ ]      Other [ ]

**III. Accomplishments and Biography (narrative)**

On the attached page provide:

- Brief detailed narrative of the nominee’s award justification and accomplishments
- Short biography with option photo
- Contact the Office of Direct Service and Contracting Tribes (ODSCT) with any questions. Completed nomination forms must be received by Friday, July 1, 2011 in the ODSCT by first-class mail, electronic mail or facsimile.

ODSCT – Indian Health Service  
801 Thompson Avenue, Suite 220  
Rockville, MD 20852  
(301) 443-1104 | fax: (301) 443-4666  
E-mail: Felicia.Roach@ihs.gov

Nominee Name \_\_\_\_\_

**III. Accomplishment and Biography (narrative form)**

Provide a brief narrative of the nominee's award justification and accomplishments

Provide a short biography and attach a picture (optional)