# **JAMES A. CARROLL, JR. & EXCELLENCE IN MANAGEMENT AWARD**

**CRITERIA**

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| --- |
| Nominee:Facility/Garrison: |
|  |  | MAXPOINTS | SCORE |
| **Supervisor’s Nomination:** | **85** |  |  |
| Tab A | Improved Participation and Service to the Community |  | 10 |  |
| Tab B | Innovative Services and Programs (unique events) |  | 10 |  |
| Tab C | Focus on training & recognition for subordinates |  | 10 |  |
| Tab D | Cross-marketing/collaboration with other MWR programs to enhance Programming |  | 10 |  |
| Tab E | Facilities Improvement Plan – 5 year plan |  | 10 |  |
| Tab F | Financial Performance Improvement Narrative |  | 15 |  |
| Tab G | Strategic Business and Action Plans (current and uploaded to website) |  | 10 |  |
| Tab H | Operations Scorecard (summary page only) |  | 05 |  |
| Tab I | Internal Controls Checklist (summary page only) |  | 05 |  |
| **Supervisor’s Narrative:** | **15** |  |  |
| Tab J | Highlights of the nominee: work ethics, deployments, struggles/triumphs, character, trustworthiness, team player |  | 10 |  |
| Tab K | Personnel File Review Disclaimer (Annex E) |  | 05 |  |
|  |  |  |  |
| **TOTAL SCORE:** | 100 | 100 |  |
|  |  |  |  |
| FMWR Director’s Endorsement (Check off Item) |  |  |  |
| Garrison Commander’s Endorsement (Check off Item) |  |  |  |
| ID Director Endorsement (Check off Item) |  |  |  |
| Award Selection Board Member Name, Signature, date: |  |  |  |
| Notes: |

**NOMINATION PACKET**

**James A. Carroll, Jr. and Excellence in Management**

**(All information MUST be provided)**

**Nominee’s Name:** Click here to enter text.

**Nominee’s Nickname (go-by-name):** Click here to enter text.

**Facility Mailing Address:** Click here to enter text.

**Installation:** Click here to enter text.

**Garrison Commander’s Name:** Click here to enter text.

**Garrison Commander’s Mailing Address:** Click here to enter text.

**Garrison Commander’s FedEx Address:** Click here to enter text.

**Region:** Click here to enter text.

**Division, Facility, or Outlet Name:** Click here to enter text.

**Telephone (including area code/country code):** Click here to enter text.

**Program and Location Code:** Click here to enter text.

**Position/Grade:** Click here to enter text.

**Position Title:** Click here to enter text.

**Time in Position (actual dates):** Click here to enter text.

**Nominee’s Email:** Click here to enter text.

**Nomination Category (specify ONLY one category):** Click here to enter text.

**Supervisor’s name and contact information:** Click here to enter text.

**Nomination Packet for James A. Carroll, Jr. and Excellence in Management:**

Facility Information (Include at a minimum the following: size, revenue, programs, hours of operation and workforce size) [no more than 2,500 words]:

Tab A: Improved Participation and Service to the Community

Click here to enter text.

Include a maximum of four pictures that highlight the best qualities of the facility (optional)

 

 

Tab B: Innovative Services and Programs (Specify unique services, events, specials)

Click here to enter text.

Tab C: Focus on training and recognition for subordinates (Specify sessions and presentations)

Click here to enter text.

Tab D: Cross-marketing and collaboration with other MWR programs to enhance Programming (Specify what has been done)

Click here to enter text.

Tab E: Facilities Improvement Plan (those executed during nomination period, plus five year plan)

Click here to enter text.

Tab F: Financial Improvement Performance Narrative (Complete tables and explain how financials improved/increased, maintained net revenue & NIBD and if expenses were controlled)

Click here to enter text.





Tab G: Strategic Business and Action Plans (Upload the most recent plans in the Army Business Plan Development Website: <http://www.imcomacademy.com/bpd/?pageid=105>)

##### Tab H: Operating Scorecard (Attach most recent Regional version - summary page only)

##### Tab I: Internal Control Checklist (Attach most recent Regional version - summary page only)

Tab J: Supervisor Nomination Narrative (no more than 1,000 words) (should include but not be limited to the Professional nominee: time and trajectory with MWR, facility operated, size, programming, workforce size/employees supervise, complexities of the job, work ethic, innovative services, what has been done to offset stagnant or declining revenue, control/lower expenses, maintain/increase NIBD. Clearly identify any valid extenuating circumstance. The nominee as a person: attitude, general character, struggles/triumphs, how she/he contributes to the success of the mission. Address why you believe your nominee should be an award winner

Tab K: Personnel File Review Disclaimer (attach signed Annex E)

**Nomination Approvals**

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (CML) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DSN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FMWR Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FMWR Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (CML) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DSN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garrison Commander’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GC’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (CML): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DSN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Region will review the installation's nomination(s) and forward only complete packages with appropriate endorsement by the Region Director (RD). Utilize a single memorandum listing all nominees within the RD’s area of responsibility and forward it, together with complete nomination packages, to Ms. Elba Guardia at the following email address: elba.guardia.naf@mail.mil