**Governor’s Team Excellence Award Nomination Form**

Nomination # \_\_\_\_\_\_\_\_ (Internal Use Only)

This form is intended to recognize outstanding quality improvement teams that have implemented impactful initiatives. Please provide detailed responses to highlight the achievements and results of the nominated team.

**Instructions:** This is a fillable Word form. Type in the text box areas which will expand as you type. Feel free to cut and paste information. To save the document, go to the file menu, select “Save As,” select the folder you wish to save the document in, rename the file to include your department and team name, and then click save.

**General Information**

**Team Name:**

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**Project/Initiative Title** (if different from Team Name)**:**

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**Lead Agency/Department(s)** *Indicate the agency/department(s) that is the primary sponsor of this project or initiative.*

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**Nominator(s) Information**:

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| --- | --- | --- | --- |
| Name | Agency/Department | Phone | Email |
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**Team Member Information**

**Team Leader(s)**

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| --- | --- | --- | --- | --- |
| Name | Empl ID | Agency/Department | Phone # | Email |
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**Team Members - up to 20**

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| Name | Empl ID | Agency/Department |
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Additional external partners and those you wish to thank for lending support to this project can be added at the end of the application.

**Executive Summary**

**Why Does This Team Deserve to be Recognized?**  
*In 200 words or fewer, summarize why this team deserves to be recognized as one of the Governor’s Team Excellence Award recipients. This summary should describe the nature and focus of the team’s work and highlight its most important accomplishments/results.*

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| Enter your response here. |

**Background**

Provide any additional background information on the team or the organization (or the nature of the work) that would be helpful in understanding the context of the team’s work.

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| Enter your response here. |

**RESULTS**

**Section 1 - Key Outcomes of the Project**

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| 1. **Describe the main measurable results achieved through this project or initiative.** *This should include specific metrics such as reduction in the number of process steps, cost savings, customer outcome improvements, reduced errors, return on investment, or other outcome measures that quantify improvement.* |
| Enter your response here. |
| 1. **How did the project or initiative achieve an innovative result that others could use as a best practice?** *Describe how the project/initiative represents the application of a method or technique that provides a more efficient or effective best practice for others to consider.* |
| Enter your response here. |
| **Customer or Stakeholder Validation** ***Required for nomination to be accepted***  *Please attach to the end of this nomination any endorsements, testimonials, or feedback data from a stakeholder or customer that highlight the team’s performance or the project’s success.* |

**PROJECT PLANNING AND IMPLEMENTATION**

**Section 2 - Problem Identification and Current State Analysis**

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| 1. **What was the business reason for choosing this issue or opportunity?** |
| Enter your response here. |
| 1. **State the problem being solved or the opportunity pursued.** |
| Enter your response here. |
| 1. **What were the specifics of the current state of this business area at the start of the project that illustrated a gap in performance as an opportunity for continuous improvement?** (Include data, process maps, and measures, if applicable) |
| Enter your response here. |
| 1. **Summarize any analysis the team performed to identify the root cause(s) of the problem. (Include data from the root cause analysis, if applicable)** |
| Enter your response here. |

**Section 3 – Continuous Improvement Processes Used**

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| 1. **What goals were established after assessing the current state and how did they connect to the organization's mission and goals? How did the team measure progress in meeting those goals?** |
| Enter your response here. |
| 1. **Describe the steps the team took to address the problem (i.e., details of key decision points, milestones, timelines, and any adjustments made during implementation).** |
| Enter your response here. |
| 1. **Describe how the team used continuous improvement methods and tools to carry out their work.**  *Examples of methods include, but are not limited to, Lean, Total Quality Management, or Project Management (predictive/hybrid/adaptive). Examples of tools include (but are not limited to) risk/issue registers, process maps, lessons learned reports, or fishbone diagrams.* |
| Enter your response here. |
| 1. **Describe the change management methods used to help the affected staff, customers, and stakeholders navigate the changes resulting from the team’s work.**  *What was done to prepare and help them adapt to the changes? What information and training were provided? How were those changes reinforced?* |
| Enter your response here. |

**Section 4 – Customer/Stakeholder Focus and Teamwork**

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| 1. **Describe the team members involved and the specific roles that they fulfilled. In addition, describe the approaches taken to ensure that the team performed at a high level throughout the life of the project or initiative.** |
| Enter your response here. |
| 1. **Who were the stakeholders (external partners, customers, other sections, departments, etc.) impacted by the work of this team? How were they engaged in identifying the problem, exploring solutions, and implementing the improvements?** |
| Enter your response here. |
| 1. **Who was the project sponsor or champion and what did the team do to ensure that they were actively and visibly engaged in the success of the project or initiative?** |
| Enter your response here. |

**Section 5 – Development and Sustainability of Practices that Reinforce Critical Thinking**

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| 1. **What processes are the team or organization using to enable, assure, and sustain the success of this project or initiative and to promote a culture of continuous improvement?** |
| Enter your response here. |
| 1. **What lessons did the team learn from their experiences carrying out this project or initiative?** |
| Enter your response here. |
| 1. **How is the team sharing their lessons learned with other sections of the organization or beyond?** |
| Enter your response here. |

**Additional Sponsors, Supporters, and Partners**

Use the space below to identify any individuals, groups, or external partners that you would like to thank for lending support to this project. ***Please note that they will not be eligible for formal recognition through the Governor’s Team Excellence Award program but could be included in any agency-sponsored recognition of this team.***

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| **Name** | **Agency/Organization** | **What role did they play for the team? (sponsor, support, partner, …)** |
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**Please attach the Supporting Documentation**

* **Cabinet Secretary or Agency Head Endorsement: *Required;*** *Attach an endorsement from your cabinet secretary/agency head. If this is a multiagency team, an endorsement from each related leadership person is appreciated.*
* **Customer, Stakeholder, Partner, or Staff Testimonials**: ***Required;*** *Attach relevant testimonials or feedback.*
* **Data or Graphs**: *Attach relevant data, charts, or graphs that illustrate the outcomes of the project.*
* **Photographs or Diagrams**: *Attach relevant photos or diagrams of the project’s implementation.*

**Final Submission Instructions**

Once you have completed the nomination form and attached all your supporting documentation, please send your complete packet to your agency’s employee recognition coordinator for their review.

The coordinators should email nominations to [Statewide\_Training@delaware.gov](mailto:Statewide_Training@delaware.gov) with the subject line: **Governor’s Team Excellence Award – [Agency Name].**