**2024 Exceptional Performance Award Nomination**

***For actions taken between January 1 and December 31, 2024***

\*\*\* Click to select a Category \*\*\*

**Nominee’s name: Nominee’s name**

**Rank: Rank**

**Nominee’s phone: (work) (###) ###-####**

**(cell) (###) ###-####**

**Nominee’s email address: Nominee’s email**

**Agency: Agency**

**Agency address: Agency address**

**City: City**

**State: State**

**Zip Code: #####**

**Agency phone: (###) ###-####**

**Name of Chief: Name of Chief**

**Title or rank: Title or rank**

**Chief’s phone: (work) (###) ###-####**

**(cell) (###) ###-####**

**Chief’s email address: Chief’s email address**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Nomination must be signed by the Chief to ensure the nomination is approved by the submitting agency \*\***

**Nominators Name: Nominator’s name**

**Nominator’s phone: (work) (###) ###-####**

**(cell) (###) ###-####**

**Nominator’s email address: Nominator’s email**

**Please attach:**

* **Detailed description of the nominee’s actions and/or performance including how the actions or performance meet award criteria (Please check our Web Site for criteria)**
* **Relevant references or supporting documents**
* **An executive summary of the nomination (250-300 words) that describes nominee’s actions and/or performance is also recommended**

**Completed Applications must be received by the**

**Chairman of the MCPA Awards Committee**

**no later than: May 15, 2025.**

**Email: cwilliams@howardcountymd.gov**

**Mail to: Captain Chris Williams**

**MCPA Awards Committee Chairman**

**Howard County Police Department**

**3410 Courthouse Dr.**

**Ellicott City, Maryland 21043**

**Contact Number: 410-313-2304**

**Email: cwilliams@howardcountymd.gov**