

1113 MARGINAL RD HALIFAX NS B3H 4P7 / PH 902 423 4677 1800 355 6873 / WWW.ANSM.NS.CA

Award for Excellence in Museum Practices Programming by an Organization

NOMINATION FORM

Name of Project:	Project Date:	
Nominee Museum / Organization:		
Address:		
Province:	Postal Code:	
Telephone:	Email:	
Nominated By (Member or Member Organization):		
Contact Number:		
Email:		
Reason for Nomination (Brief summary statement). Please attach a complete statement (from the nominator) that describes the what the project is, how it was implemented, who the project impacts, project contributers, measurements for success, etc. (max. 3 pages):		

	omination meet the eligibility an Organization?	ty requirements for the ANSIM Award for Excellence in Museum Practices
Commu New ap Positive Creative Other:		es
Nomination App	lication Checklist:	
Detailed Brief des Two lett Relevant images, audience	scription of the nominated of ers of support from membe supporting material such as publications, local news cover surveys, letters from visito	s signed by the Nominator coutlines how the project meets the selection criteria (Max. 3 pages) organization, including its vision and mandate (Max. 2 pages) ers of the museum community or project partners in links to websites, audio and video clips, podcasts, photographs, digital erage, press releases, magazine clippings, interviews, reviews, rs, critical testimonies from professionals supporting information etc.
ature of Nomina	tor:	Date:
For Office Use	Number of attachments /	enclosures:
	Date Received:	Committee Review: