



MARCHIOLI COLLECTIVE IMPACT INNOVATION AWARD

Nomination Form

Name of Nominator:

Title of Nominator:

NOMINEE INFORMATION

Name:

Rank/Title:

Work Phone:

Department/Division:

Years at UCF:

INNOVATION

Please provide requested information as instructed.

A. Click below to select priority metric being addressed.

Click below to select **any additional** priority metric being addressed.

Click below to select **any additional** priority metric being addressed.

B. Describe in **500 words or less** the innovative initiative, project, program, or activity.



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C. Describe in **500 words or less** the outcomes and impact achieved toward the priority metric.

D. Briefly list any other awards or recognition received for this innovation.



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SUPPORTING AND ADDITIONAL MATERIALS

Please send these materials in an email with this nomination form.

- A. **Nominee's vitae.** *(Optional)*
- B. **Supporting Materials.** A maximum of **three** pages of supporting documentation or work examples can be attached. These materials should provide evidence of the impact of the innovation. Additional supporting materials will not be reviewed. *(Optional)*

SIGNATURE

Print Name of Nominator/Unit Leader

Signature of Nominator/Unit Leader

Email Address

Submit this nomination form and any optional materials to
Lisa Jones at lisa.jones@ucf.edu by 5 p.m. Friday, Feb. 1, 2019.
Questions? Contact Dr. Lisa Guion Jones at lisa.jones@ucf.edu.

Note: Self-nominations and nominations from colleagues will not be reviewed.