

2023 NCSEA Emerging Leader Award Nomination Form

Program Description & Nominee Information

The NCSEA Emerging Leader Award recognizes an emerging leader or manager (fewer than 3 years in a leadership position) that has improved a child support program or has enhanced the child support program in its mission in the last year. In addition, the improvement is recognized as exemplary, that is, one to be emulated by others.

If the nominator is NOT the State or Tribal IV-D Director, or the County or local director, he/she must indicate whether they have shared the recommendation with the appropriate agency director. At least one public sector individual (excluding the individual being nominated for the award) must be the nominator or an additional reference. Please be sure to complete all questions. The deadline for 2023 award submissions is Monday, May 15, 2023. Questionnaires must be completed by that date. Incomplete submissions will not be considered.

The award will be presented at the NCSEA 2023 Leadership Symposium, August 6-9, 2023 in Anaheim, California.

If you have questions about the application, please contact Monica Evans-Lombe, NCSEA Interim Executive Director, 703-556-7167, or monica.evans-lombe@ncsea.org.

1. Please provide us with the following information about the individual you are nominating:

| Name: | |
|-----------------------|--|
| Agency/Organization : | |
| Address 1: | |
| Address 2: | |
| City/Town: | |
| State/Province: | |
| ZIP/Postal Code: | |
| Job Title: | |
| Email Address: | |
| Phone Number: | |

| 2. For what type | of organization or agency does this indivdual work? |
|-----------------------|---|
| State Agency | |
| County Agency | 7 |
| City Agency | |
| Private Sector | Agency |
| Tribal IV-D Age | ency |
| ◯ International I | V-D Agency |
| Affiliated Gove | rnmental Agency |
| Nonprofit Ager | ncy |
| Other organiza | ation |
| | e nominee been in their current leadership position? s with the following information about you. |
| Name: | |
| Agency/Organization : | |
| | |
| Address 1: | |
| Address 2: | |
| City/Town: | |
| State/Province: | |
| ZIP/Postal Code: | |
| Job Title: | |
| | |
| Email Address: | |
| Phone Number: | |
| | |
| | |

| 5. If the first nomin sector. | ator is in the private sector, pleas | se provide a nominator in the public |
|-------------------------------|--------------------------------------|--------------------------------------|
| Name: | | |
| Agency/Organization : | | |
| Address 1: | | |
| Address 2: | | |
| City/Town: | | _ |
| State/Province: | | |
| ZIP/Postal Code: | | |
| Job Title: | | |
| Email Address: | | |
| Phone Number: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



2023 NCSEA Emerging Leader Award Nomination Form

| To assist the NCSEA awards committee in evaluating nominees, please respond to the following questions and provide necessary information to substantiate or support your answers regarding the nomination you are making. | | |
|--|--|--|
| * 6. Please provide a brief summary as to why this nominee is deserving of this award. Please limit response to 250 words. | | |
| | | |
| 7. How long has this nominee been involved in the child support program and what has he/she done to promote more effective child support enforcement in a leadership capacity? Provide specific examples. Please limit responses to 250 words. | | |
| | | |
| 8. Has this nominee been recognized by a child support enforcement organization or department for outstanding leadership performance? If so, in what way (awards, promotions, | | |
| etc.)? Please limit response to 250 words. | | |
| | | |

| volvement. | |
|---|--------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| O. In what way has this nominee demonstrated a commitment to the ith whom he/she works? Please limit response to 250 words. | e program and to others |
| Whom he/she works. Theuse mint response to 200 words. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | /2 |
| | |
| 1. List the top three characteristics (personal/professional attribute | es) of this nominee as a |
| ader. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 12. Please affirm that the statements in this application are true, to | o the best of you |
| nowledge. | |
| | |
| ype your full name and today's date as affirmation of your agreeme | ent. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |