

IOWA PARTNERS In EFFICIENCY

- AWARD APPLICATION -



The **Iowa Partners in Efficiency Award** recognizes an individual or work unit within a political subdivision that, through the use of Lean tools and techniques, significantly and measurably increase productivity and promote innovation resulting in the improvement of delivery of public services to the benefit of the citizens of Iowa and the private sector.

Return the application and attachments to:

ibc@iowabusinesscouncil.org

Iowa Business Council, 100 E. Grand Ave, Suite 160, Des Moines, IA 50309; Phone: 515-246-1700

Award applications accepted July 1 - September 30, 2009 ▪ Finalists selected November 16, 2009

Award made January 25, 2010

1. NOMINATOR'S INFORMATION:	
Name of Nominator:	Date Prepared by Nominator:
Name of Nominee (Individual, Team or Work Unit):	
Public Agency/Organization:	Number of people on Improvement Team:
Address:	City:
Telephone Number:	State: Zip Code:
Mobile:	FAX:
Email:	

2. NOMINEE'S ACHIEVEMENT TITLE:
<hr/> <p>NOTE: The achievement title should be EIGHT (8) words or less; it MUST begin with an ACTION VERB such as "Developed," "Reduced," "Streamlined," etc.; and, it should be understandable to people with no knowledge of your agency's operations.</p>

When additional written information is provided, please limit your submission to 2-3 efficiently drafted paragraphs.

3. INFORMATION ON THE ACHIEVEMENT:

a. The method of achieving the improvement was:

- Week-long process improvement event
- 2 or 3 day process improvement event
- Other, please describe _____

b. Written Summary of the Achievement: Please draft your response, including contact information, as formatted above. Do not use program or agency acronyms or abbreviations without explanation.

c. Who are the stakeholders and how were they involved in the improvement process?

d. Value Accrues to: (check all that apply and provide supporting data):

- State Government
- Other levels of Government
- Specific Citizens
- Private Sector

4. MEASURABLE RESULTS ON AN ANNUAL BASIS: (check all that apply)

Net Value Added:

- Cost Savings: Annual \$ _____ One-time \$ _____
- Cost Avoidance: Annual \$ _____ One-time \$ _____
- Revenue Increase: Annual \$ _____ One-time \$ _____
- Labor Efficiency: _____
- Quality Improvements: _____

Measurable Results	Before	After	% Improvement
Lead Time			
Process Steps			
Handoffs			
Delays			
Rework Loops			

5. SIGNIFICANCE OF THE ACHIEVEMENT:

(Check any that apply and include a summary description for all items.)

- a. My nominee's achievement solved a problem, improved a service or product, or improved an efficiency deficit.
- b. My nominee's achievement can be replicated. Please draft a summary that is similar to the sample below. In your summary, indicate whether the nominee's achievement has been partially or fully replicated and implemented within and/or outside your department.
- c. My nominee's achievement used a quality improvement process.
- d. Improvement was exceptional for its innovation or creativity.
- e. My nominee's achievement produced a result sustained for a minimum of 90-days.
- f. Improvement was exceptional for the measurable result(s) it produced.
- g. Improvement was exceptional for the amount of initiative, perseverance, and/or extra effort required.
- h. My nominee's achievement impacted a service that benefits citizens or private sector.
 - o How will this improvement benefit the citizens of Iowa?
 - o Will this improvement have an impact on business and Iowa's economic competitiveness?

6. OPTIONAL INFORMATION:

Please provide any additional data, information, or explanation that you think will assist evaluators and the Panel of Judges in understanding and appreciating your nominee's achievement.

7. ENDORSEMENT OF NOMINATOR:

I, _____, hereby recommend the above nominee.

Signature of Nominator

Title

Date

8. ENDORSEMENT AND SIGNATURE OF ORGANIZATION HEAD OR DESIGNEE:

The responses to the questions on this nomination form have been presented by the nominator and/or awards coordinator as accurate and complete.

Signature of Organization Head or Designee

Title

Date