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**Federal, State, or Military Customer of the Year Award**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **Name of Partner Company**  **you’re nominating** |  |

Explain why the organization deserves the **Federal, State, or Military Customer of the Year Award**, highlighting their **commitment to the program's mission, provision of employment and training opportunities, quality and timeliness of services, compliance and accountability, and collaboration and partnership.** Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

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