



### **Community Impact Award**

***- presented at the Leadership Awards Luncheon -***

A committee of past board chairs of the Saginaw County Chamber of Commerce will select the recipient of the Community Impact Award. This award is not necessarily an annual award and will only be presented if the committee determines an exemplary candidate has been nominated. He or she is not required to be a current member of the Saginaw County Chamber of Commerce; some nominees may be retired.

Candidates for the Community Impact Award will meet most of the criteria outlined below.

1. The award will be presented to an individual who is or was a CEO, Executive Director or President of a not-for-profit organization in Saginaw County.
2. Candidates will have made a significant impact on the quality of life in Saginaw County either through leadership of their organization or through individual efforts.
3. The award is to be presented to an individual for community dedication, commitment and achievements throughout their career.
4. Candidates are selected for accomplishments in their field of endeavor as well as outside activities in civic or commercial endeavors.
5. The person selected must be of sound moral character. Their record of success is an inspiration to the community, and they are a credit to their profession.

## **COMMUNITY IMPACT AWARD RECIPIENTS**

2016	Ken Streeter, City Rescue Mission
2017	Larry Sims, United Way
2018	Suzanne Greenberg, CAN Council   Great Lakes Bay Region



**COMMUNITY IMPACT AWARD  
NOMINATION FORM**

***Award Nominee:***

Name:

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*(All nomination suggestions will be forwarded to the Legacy Committee for consideration.)*

**Due on or before April 30**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

***Award Nominator:***

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

***Please provide contact information for individuals who can provide a testimonial for the nominee:***

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Return completed form by April 30th:

By email: [Nancy@saginawchamber.org](mailto:Nancy@saginawchamber.org)

By fax: 989.752.9055

By mail: 515 N. Washington Ave., 3<sup>rd</sup> Floor, Saginaw, MI 48607

## ***ABOUT THE NOMINEE***

Describe the nominee, listing how he/she meets the above criteria.