



Florida Gang Investigators Association Gang Analyst of the Year Nomination Form

www.fgia.com

(Federal ID# 65-0470750)

The Florida Gang Investigators Association (FGIA) is a non-profit organization dedicated to the prevention and suppression of gangs and gang activity in Florida. Nominations must be limited to the length of this form and two additional pages (if needed). Any photographs, clippings, videos or other relevant materials may also be submitted. Return the completed form and any attachments to the address listed at the bottom of this form. Nominations must be submitted by July 01.

Nominee Information: (PLEASE TYPE OR PRINT CLEARLY)			Title/Rank
Name (Last, First, MI):			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Nominee Agency Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)			
Agency Name / Unit Assigned:			
Agency Class:	<input type="checkbox"/> Local (City/County)	<input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
Mailing Address:			Contact Number:
City:	State:	Zip Code:	County:

Nominee's Current Responsibilities:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Nominee's Experience / Background:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Nominee's Past Awards / Recognition:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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Mail to: FGIA AWARDS NOMINATION* *2220 CR 210 West Suit 108, PMB 329 Saint Johns, FL 32259



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Significant Contribution to Gang Investigation or Gang Eradication:

Specific Qualities Making Nominee Deserving of this Award:

I here by affirm that the aforementioned information and supporting documentation related to the nomination of this individual for this award is true and accurate to the best of my knowledge. I am aware that if any of the information provided is found to be inaccurate or untruthful, this nomination shall be removed from consideration for this award.

Nominator's Signature

Date

Nominator Information:		Title/Rank	
Name (Last, First, MI):			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Nominator Agency Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)			
Agency Name / Unit Assigned:			
Agency Class:	<input type="checkbox"/> Local (City/County) <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other		
Mailing Address:		Contact Number:	
City:	State:	Zip Code:	County:

FGIA ADMINISTRATIVE USE ONLY:			<input type="checkbox"/> Finalist	<input type="checkbox"/> Semi-Finalist
FGIA Region	<input type="checkbox"/> Northwest	<input type="checkbox"/> North Central	<input type="checkbox"/> Northeast	<input type="checkbox"/> Central West
			<input type="checkbox"/> Southwest	<input type="checkbox"/> Southeast
_____ _____ _____ _____ _____			_____ President Signature Date	
_____ _____ _____ _____ _____			_____ Director of Programs Signature Date	

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