



Florida Gang Investigators Association Gang Unit of the Year – Corrections 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 05, 2013

Nominated Unit Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)				
Agency Name:				
Unit Name:				
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:	

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

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

Past Awards / Recognition of Unit:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

FGIA AWARDS NOMINATION
*C/O Leon County Sheriff's Office Attn:Leslie Rabon *PO BOX 727, Tallahassee, FL 32302*



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Significant Contribution to Gang Investigation or Gang Eradication:

Specific Qualities Making Unit Deserving of this Award:

I here by affirm that the aforementioned information and supporting documentation related to the nomination of this unit 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
_____				_____	
				Date	
_____				_____	
				Date	