



Financial Management Awards Program Individual Nomination Form



U.S. ARMY

Individual Award Category: (Select One)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting/Internal Auditing | <input type="checkbox"/> Financial Statement Auditing | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Cost Savings, Analysis and Evaluation Initiatives | <input type="checkbox"/> Comptroller/Deputy Comptroller | <input type="checkbox"/> Fellow (Intern) |
| <input type="checkbox"/> Education/Training Career Development | <input type="checkbox"/> FM Author of the Year | <input type="checkbox"/> Finance |

Nominee Data (Required)

Command Level (Must be checked)

- HQDA, ACOM, ASCC, DRU Headquarters
 Below ACOM, ASCC, DRU Headquarters

Command Name

Name: _____
RANK/GRADE FIRST M.I. LAST

Position/Title: _____

Office Address: (Include Zip Code or APO/FPO #)

Telephone: _____

E-Mail Address (Required): _____

Nominator Data (Required)

Name: _____
RANK/GRADE FIRST M.I. LAST

Signature Date

Position/Title: _____

Office Address: (Include Zip Code or APO/FPO #)

Telephone: _____

E-Mail Address (Required): _____



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Briefly outline the task or mission assigned by the directing authority, including the expected outcomes. Describe how the task was accomplished, emphasizing how performance exceeded expectations. Clearly express the results and their significance, quantifying outcomes wherever possible. Please ensure that the entire response is limited to one page.
