Financial Management Awards Program
Team Nomination Form

U.S. ARMY

Nominee Data (Required)

Team Name: _____

Command Level *(Must be checked)*

☐ **ACOM, ASCC, DRU Headquarters**

☐ **Below ACOM, ASCC, DRU Headquarters**

Command Name

Permanent Office Address of Team Leader (Include Zip Code or APO/FPO #)

_____

_____

Telephone: _____

E-Mail Address: _____

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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Team Members:

Name	*Rank/Grade*

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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.