SAMUEL A. GREELEY LOCAL SERVICE AWARD

Purpose: The purpose of this Award is to give formal recognition of honorary character to persons who have continuously served a local public or private agency long term in an official capacity and who have contributed to the advancement of Public Works practice as a member of the American Public Works Association thereby improving the quality of life for those who live and work within that community.

Eligibility:

1) Persons who have honorably and efficiently served a single local public or private agency in an official capacity continuously for thirty (30) or more years and who have been members in good standing of the American Public Works Association for fifteen (15) or more years.

2) The fifteen years of APWA Membership shall coincide with the thirty or more years of service to one agency, and the person shall be a current Member of APWA or shall have been a Member at the time of retirement from the Public Agency.

3) A single local public agency is interpreted to mean any city, village, borough, town, township, county, or special district but not a state or the federal government. Military service does not count against continuous employment if the nominee returned to the same agency after discharge.

Nominations: Nomination forms are available from the Awards Committee of the KC Metro Chapter or on line at http://kcmetro.apwa.net/c/awards

Selections: One (1) electronic copy of the nomination information may be submitted to the Awards Committee Chairperson of the KC Metro Chapter of APWA. Selection is virtually automatic if the above criteria are met but the Executive Committee will review the nominees to confirm eligibility and determine final award.

Presentations: The recipient of the award(s) will be recognized at the Chapter's National Public Works Week Luncheon or a separate awards luncheon on MidAm years and in the Chapter newsletter.
Name: ________________________________ Title: ______________________________________

Office Address: ________________________ State: ________________ Zip Code: ______________

Office Phone: __________________________ Home Phone: __________________________

Month and Year you joined APWA: ____________________ Date of Birth: ____________________

Are you in the direct employ of a local public/private agency?  ☐ Yes  ☐ No

Name of Agency: __________________________________________

Date on which you entered the employ of the agency: ______________________________

Has your employment been continuous since that date (military service does not count against continuous
employment if you returned to the same agency after your discharge)?  ☐ Yes  ☐ No

Education: __________________________________________________________

Signed: ________________________________ Date: __________________________

Additional Information: Provide a description here or attach a current resume (1 page or less) of public service career including transfers, promotions, etc.

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