

**County of Los Angeles Quality and Productivity Commission  
39<sup>th</sup> Annual Productivity and Quality Awards Program  
"Catalysts for Innovation"**

**2026 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):

**NAME OF PROJECT:**

**PLEASE REVIEW THE GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION.**

DATE OF FULL IMPLEMENTATION (PROJECT START DATE): \_\_\_\_\_

(Must have been fully implemented for a minimum of at least one year - by July 1, 2025)

IF PROJECT IS COMPLETED, ENTER END DATE: \_\_\_\_\_

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**

- OR -

IF PROJECT IS STILL ONGOING, CHECK HERE: \_\_\_\_\_

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

*\* Does not meet eligibility criteria.*

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12-point font. State clearly and concisely the project results and its effectiveness, highlighting both measurable outcomes and examples of its human impact.

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**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input type="checkbox"/>

**ANNUAL = 12 MONTHS ONLY**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b>		<b>TELEPHONE NUMBER</b>
<b>PROGRAM MANAGER'S NAME</b>  EMAIL		<b>TELEPHONE NUMBER</b>
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> <small>(PLEASE CALL (213) 633-5775 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small>		<b>TELEPHONE NUMBER</b>
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>		<b>EMAIL</b> <b>TELEPHONE NUMBER</b>

**\*\*ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTED\*\***

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**I. FACT SHEET (LIMITED UP TO 3 PAGES ONLY):** Complete the three prompts below describing the challenge(s), solution(s), and benefit(s) of the project. Use Arial 12-point font. Do not adjust the margins or delete the prompts.

**CHALLENGES:** Describe the core challenge(s) your project addresses and the population affected.

**SOLUTIONS:** Describe the solution(s), including its implementation approach, primary stakeholders/collaborators, and how it drives innovation while enhancing quality and productivity.

**BENEFITS:** What extraordinary quality and/or productivity-related outcome(s) has the project achieved, including its impact on County staff, individuals, and/or communities? Provide measures of success and be specific about the time frame.

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**II. LINKAGE TO THE COUNTY STRATEGIC PLAN (1 PAGE ONLY):** *Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font and do not adjust the margins.*

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**III. COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):**

If you are claiming cost benefits, include a calculation or other substantiation as defined by documented cost avoidance, cost savings, and/or revenue on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include and substantiate the County government cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to retain your supporting documentation. *Use Arial 12-point font. If necessary, you can use an additional page.*

**Cost Avoidance:** Documented costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County government or to other entities.

**Cost Savings:** A reduction or lessening of documented expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County government or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County government as a result of program outcomes.

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**FOR COLLABORATORS ONLY (ADD MORE PAGES AS NEEDED)**

- For single department submissions, do not include this page. Lead department signatures are required on pg. 1.
- For collaborating County Departments, signatures for both the Productivity Manager **and** Department Head are **required**. Other signatures **will not** be accepted.
- For non-County department collaborators, only the organization head's signature (e.g., CEO, President, Chair, etc.) is required.

DEPARTMENT/NON-COUNTY ORGANIZATION NAME AND COMPLETE ADDRESS	
<b>PRODUCTIVITY MANAGER</b> (THIS SECTION IS FOR COUNTY DEPARTMENTS ONLY)  NAME: _____ EMAIL: _____ SIGNATURE: _____	<b>DEPARTMENT/NON-COUNTY ORGANIZATION HEAD</b> (THIS SECTION MUST BE COMPLETED FOR ALL COLLABORATORS)  NAME: _____ EMAIL: _____ SIGNATURE: _____
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