

39th Annual Productivity and Quality Awards Program

“Catalysts for Innovation”

OCTOBER 7, 2026

APPLICATION CHECKLIST

The deadline to submit your proposal to your Productivity Manager, _____, is June ____, 2026.

1. ___ Is the title 50 characters or less using Arial 12-point font?
2. ___ Has the project been implemented for a minimum of at least one year?
3. ___ Is the Executive Summary 15 lines or less?
4. ___ Do cost benefit numbers on the first page match the ones on the last page?
5. ___ Signatures
 - a. ___ Department Head (*not Division Chief or Chief Deputy*).
(Electronic, wet or scanned signature from your department head is acceptable. The department head **must** be aware of proposal submissions).
 - b. ___ Productivity Manager (electronic, wet or scanned signatures acceptable)
 - c. ___ Collaborating Department(s) (electronic, wet or scanned signatures acceptable)
6. ___ Do you have the Program/Project Manager’s name and contact information
(NOTE: Program/Project Manager signature is not required)
7. ___ Is the Fact Sheet section limited to three pages? Use **CTRL + Enter** to add a page
8. ___ Do you have a calculation on the cost benefits page? If yes, you **must** include an explanation of the County government savings, cost avoidance or new revenue that matches the numbers in the box. Be sure to review your figures from page 1 so that they match. Remember to retain your supporting documentation. Use **CTRL + Enter** to add a page. (Example below)

EXAMPLE

(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
\$ 10,000	\$ 0	\$ 0	\$ 10,000	<input type="checkbox"/>

The project eliminates \$500 in overhead per employee. Approximately 20 employees will be impacted.

$$20 \times 500 = \$ 10,000$$