38th Annual Productivity and Quality Awards Program

"Resilient: Today, Tomorrow, Together" OCTOBER 15, 2025

APPLICATION CHECKLIST

The deadline to submit your proposal to your Productivity Manager, ______, is June ____, 2025.

- 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. <u>Signatures</u>
 - a. ____ Department Head (*not Division Chief or Chief Deputy*).
 (Electronic, wet or scanned signature from your department head is acceptable. The department head <u>must</u> 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 Manager's name and contact information (NOTE: Program 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 <u>must</u> include an explanation of the County savings, cost avoidance or new revenue that match the numbers in the box. Be sure to review your figures from page 1 so that they match. Remember to keep 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/Estimat ed Benefit	SERVICE ENHANCEMENT PROJECT
\$ 10,000	\$0	\$ O	<mark>\$ 10,000</mark>	

The project eliminates \$500 in overhead per employee. Approximately 20

employees will be impacted.

20 X 500 = \$ <mark>10,000</mark>