

Quality and Productivity Commission
35th Annual Productivity and Quality Awards Program
“Adapt, Create, Achieve”

2022 APPLICATION

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

NAME OF PROJECT:

DATE OF IMPLEMENTATION/ADOPTION: _____

(Must have been **fully** implemented **for a minimum of** at least one year - on or before July 1, 2021)

☐ Check here if this is a *COVID-19 Related Project*

PROJECT STATUS: _____ Ongoing _____ One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY
SUBMITTED THIS PROJECT?** _____ Yes _____ No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font.
State clearly and concisely what difference the project has made.

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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

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS		TELEPHONE NUMBER
PROGRAM MANAGER'S NAME <div style="text-align: right;">EMAIL</div>		TELEPHONE NUMBER
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small>		TELEPHONE NUMBER
DEPARTMENT HEAD'S NAME AND SIGNATURE		TELEPHONE NUMBER

****ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE****

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project **to the County**. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success **and specify assessment time frame**. Use Arial 12 point font.

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Use Arial 12-point font.

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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.

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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 an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

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 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 or by other entities.

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

(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

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NAME OF PROJECT:

FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____