37th Annual Productivity and Quality Awards Program
"Commitment to Serving People and Solving Problems"
OCTOBER 16, 2024

APPLICATION CHECKLIST

The deadline to submit your proposal to your Productivity Manager, _____,
is June ___, 2024.

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 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/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 10,000	$ -0 -	$ -0-	$ 10,000	☐

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

20 X 500 = $ 10,000