

**Black In Government, Inc.**

Nominee Certification Form

2024 Distinguished Service Hall of Fame (DSHOF) Award

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Name & Region\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"Please complete this form using original initials and signature. Submit completed form, per the due date in the email, electronically, to BIGAwards@bignnet.org

I understand the following requirements must be met in order for me to qualify for the DSHOF Award.

# When applicable, please initial in the spaces provided and provide requested information.

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| **REQUIREMENTS** |
| Initials | Requirement | Initials | Requirement |
|  | Must have been an active financial and regular financial member with a minimum of fifteen years. |  | **Nominee Statement** - Does your Nominee Statement provide in detail examples of the outstanding and significant contributions you have made to BIG that are unique and exceptional beyond normal contributions? If not, provide details. |
|  | **Letter of Recommendation:**Have you attached letter(s) of recommendations supporting verified experiences as provided in the nomination package supporting BIG experiences and nominees’ commitment to BIG excellence. |  | **Community Service - Letter of Verification** Have you attached a letter(s) of verification supporting all community service. |
|  | **Disciplinary Actions:**Per Article X, Section 3, Expulsion, Suspension, Removal, Resignation, of Vacancies. Any officer or member may be temporarily expelled/suspended/ removed after due process. * Have you ever been expelled/suspended/removed at the chapter/regional/national level? If yes, provide details.
 |  | **Disciplinary Actions:**Per Article X, Section 4, Grounds for Disciplinary Action. Disciplinary actions may be brought against a National Officer or member who is guilty of conduct not in accord with the principles, aims and purposes of this Organization as set forth in this Constitution or is guilty of conduct that is not in the best interest of the organization. * Have any disciplinary actions been brought against you at the chapter/regional/national levels. If yes, please provide details/outcome.
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|  | **Chapter Participation:*** Are you currently an active member of a local chapter? Name Chapter.
* How many chapter meetings have you attended during the last year? List by date

Describe the last five-chapter activities you have participated in? |  | **Chapter Leadership Roles:*** List all officer positions held. (Indicate by title and months/years served)
* List Committee participation during the last 3 years. (Indicate by title and months/years)
1. Describe your specific contributions to the committee/ accomplishments.
2. Did you chair any committees?
3. List and describe any special programs/projects you worked on during the last 3 years.
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|  | **Regional Participation:*** Are you currently an active member of your Regional Council?
* How many Regional Council meetings have you attended during the last 3 year? List by date
* Have you served as a regional council representative? (Indicate by months/years)
* Describe the last five Regional activities you have participated in.

List and describe any special programs/projects you have worked on during the last 3 years. |  | **Regional Leadership Roles:*** Have you served as a regional council representative? (Indicate by months/years)
* List all officer positions held. (Indicate by title and month/year served)
* List Committee participation during the last 3 years. (Indicate by title and months/years)
1. Describe your specific contributions to the committee/ accomplishments.
2. Did you chair any committees? (Indicate by title and months/years)
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|  | **National:*** Have you served on the National Board of Directors? (Indicate by months/years)
* Have you served as an Elected Officer, Committee Chair and/or Presidential Appointee for a minimum of four years? (Indicate by title and months/years served)
* Have you served on any National Committees? (Indicate by title and months/years)
* Have you attended an NTI during the last 5 years (Indicate by title and months/years)
 |  | **Awards/Special Recognition:*** List awards received at the chapter/regional or national levels (Indicate by title and dates)
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I understand I may be asked to provide documentation to verify the information provided above. I understand that any false statements or misrepresentation of the above information will result in me being disqualified as a DSHOF Award nominee.

# This completed form must be returned in order to determine eligibility. Failure to return this form shall render the nomination package incomplete and will prohibit nominee from consideration.

By signing below, I certify that 1) I understand all of the requirements of this process and 2) all of the above information is true and accurate, to the best of my knowledge.

 Signature of Nominee

Date