EXECUTIVE SUMMARY

The FCCMA Who’s Who Under 40 program recognizes local government leaders in Florida under the age of 40 for their personal and professional excellence. Those selected are among the industry’s top emerging talent and will be an integral part of the FCCMA and local government administration for years to come.

DESCRIPTION

The recipients will not only have a great aptitude for local government work, but they will possess and uphold the ethical principles of the profession, the FCCMA and the ICMA.

Each nominee must be an FCCMA member with a minimum of two years in good standing, as well as be a current local government employee. The application includes questions for both the nominees and nominators. Specific examples are required, with the optional recommendation letters strongly encouraged.

The FCCMA Scholarship and Awards Subcommittee will review the applications and perform the initial eligibility screening. A panel of FCCMA past presidents will select up to three award recipients.

The deadline to register is March 9, 2020. If you have any questions, please contact Carol Russell at (850) 701-3607 or crussell@flcities.com.
**NOMINEE GUIDELINES**

- Nominee must be between 18 and 39 years of age as of May 31.
- Nominee must be employed in local government.
- Nominee must be a Florida City and County Management Association (FCCMA) member in good standing for at least two years.
- Nominee must exemplify the tenets of the ICMA code of ethics.
- Nominee must be current with the required ethics training prior to nomination being received by FCCMA.

**APPLICATION MATERIALS**

- Nominee and Nominator information
- Application Questionnaire
- Nominee's Resume
- One letter of recommendation
  - If self-nominated, the letter must come from a supervisor or peer at the director level or above

**Nominee Information:**

Name: ________________________________
Title/Role: ________________________________
Agency/Organization: ________________________________
Address: ________________________________
Email: ________________________________
Phone Number: ________________________________
Birth Date: ________________________________
Year Joined FCCMA: ________________________________

**Nominator Information (Necessary if nominee is non-member of FCCMA):**

Name: ________________________________
Title/Role: ________________________________
Agency/Organization: ________________________________
Address: ________________________________
Email: ________________________________
Phone Number: ________________________________
APPLICATION

Nominator Questionnaire (answer if self-nominated as well):

In what capacity do you know this nominee? For how long? ____________________________________________
______________________________________________________________________________________________

Why are you nominating this person for this award? __________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Provide specific instances or examples of their contribution to the field of public administration or local government.
______________________________________________________________________________________________
______________________________________________________________________________________________

Provide any past and current activities that may have been in support of FCCMA, ICMA or public administration (e.g. Served on a committee, wrote articles for PM magazine). ______________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

What are the positive organizational or community changes that resulted from the nominee's efforts?
______________________________________________________________________________________________

Has the nominee performed any activities that resulted in cost-savings or revenue enhancement for the community?
______________________________________________________________________________________________

Has the nominee’s actions led to long-range positive outcomes? _________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

How else does the nominee give back to the community outside of his or her professional arena (e.g. mentoring, nonprofit board, etc.)? _________________________________________________________________________
______________________________________________________________________________________________

Where do you see the nominee professionally in five years? _____________________________________________
______________________________________________________________________________________________

Nominee Questionnaire:

Why did you choose to enter into the local government career? __________________________________________
______________________________________________________________________________________________

What motivates you? __________________________________________________________________________
______________________________________________________________________________________________

Explain any accomplishments that you feel are relevant to this award. _____________________________________
______________________________________________________________________________________________

How has your time in local government allowed you to make personal growth? ______________________________
______________________________________________________________________________________________

In your own words, what does it mean to be ethical? ________________________________________________
______________________________________________________________________________________________