

Quality and Productivity Commission
32nd Annual Productivity and Quality Awards Program
"Innovating for Impact"

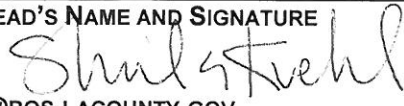
2018 APPLICATION

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

NAME OF PROJECT: VIRTUAL AUTOPSY PROGRAM

FOR COLLABORATING DEPARTMENTS ONLY

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

| | |
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| DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS | |
| BOARD OF SUPERVISORS THIRD DISTRICT, 500 W TEMPLE ST ROOM 821, LA CA 90012 | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
| N/A | SHEILA KUEHL  |
| EMAIL: _____ | 213-974-3333 EMAIL: <u>SHEILA@BOS.LACOUNTY.GOV</u> |
| DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
| EMAIL: _____ | EMAIL: _____ |
| DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
| EMAIL: _____ | EMAIL: _____ |
| DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
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| DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
| EMAIL: _____ | EMAIL: _____ |
| DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS | |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE | DEPARTMENT HEAD'S NAME AND SIGNATURE |
| EMAIL: _____ | EMAIL: _____ |