

**31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”**

OCTOBER 18, 2017

APPLICATION CHECKLIST

1. ___ Is the title 50 characters or less using Arial 12 point font?
2. ___ Has the project been implemented for at least one year?
3. ___ Is the Executive Summary 15 lines or less?
4. ___ Is the font Arial 12 point?
5. ___ Do cost benefit numbers on the first page match the ones on the last page?
6. ___ Signatures
 - a. ___ Department Head (not Division Chief or Chief Deputy)
 - b. ___ Productivity Manager
7. ___ Do you have the Program Manager’s name and contact information
(NOTE: Program Manager signature is not required)
8. ___ Is the Fact Sheet Section limited to three pages?
9. ___ Do you have a calculation on the Cost Benefits Page? If yes, you must include an explanation of the County savings, cost avoidance or new revenue that match the numbers in the box. Be sure to cross check your figures from page 1 to be sure they match. Remember to keep your supporting documentation.

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	<input type="checkbox"/>

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

20 X 500 = \$ 10,000