

**NOMINATION COVER SHEET**

**ANNUAL GOVERNOR'S CRIME PREVENTION AWARDS**

**CATEGORY D**

***Governor's Award for Outstanding  
Proactive Crime Prevention Programs in Maryland***

Department:

Address:

Phone:

Agency/Department Head:

***Person to Contact Regarding Nomination(s)***

Name & Title:

Phone:

Email:

**Number of Nominations Submitted in this Category D: \_\_\_\_\_**

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Signature of Agency / Department Head & Date

2024

## CATEGORY D

### ***GOVERNOR'S AWARD FOR OUTSTANDING PROACTIVE CRIME PREVENTION PROGRAMS IN MARYLAND***

Purpose: To recognize outstanding proactive crime prevention programs, which have had a significant impact on the prevention of crime in Maryland.

Eligibility: To be eligible, the program must be nominated by a law enforcement/criminal justice agency. Any community group, individual citizen, organization, or law enforcement agency is eligible to receive this award. There is no limit on the number of awards for this category.

**DEPARTMENTS, WHICH HAVE ALREADY RECEIVED AN AWARD UNDER CATEGORY D FOR THE NOMINATED PROGRAM ARE INELIGIBLE FOR FURTHER AWARDS FOR THE PROGRAM IN CATEGORY D.**

NOMINATIONS UNDER THIS CATEGORY MUST BE FOR PROGRAMS THAT WERE OPERATIONAL DURING THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024.

Instructions: Complete this form in a concise manner, emphasizing key points. Include statistics or endorsements that substantiate the effectiveness of the effort. All information must be verifiable upon request. Please keep in mind when completing this form that it is the **SOLE** basis of the award. **IF ANY NECESSARY INFORMATION IS OMITTED, THE NOMINATION WILL NOT BE CONSIDERED.** If necessary, use additional blank pages to complete the narrative and attach together. Please type all information. **PLEASE NOMINATE ONLY ONE PROGRAM PER FORM.**

**ONE (1) ELECTRONIC COPY MUST BE SUBMITTED AND THE NOMINATION MUST FOLLOW THE FORMAT PROVIDED.**

1. **Name of Nominated Program:**

**Contact Person for the Program:**

**Address:**

**Phone:**

**Nominating Agency:**

**Address:**

**Phone:**

2. Supply program description and a statement of the issue/problem being addressed by the program.

3. What were the program's goals?

4. Implementation information.

a. Date the program was implemented: \_\_\_\_\_

b. The person(s) within the department and/or community responsible for the daily operations of the program:

c. Other agencies, service organizations, community groups, etc. with whom the program coordinated:

d. How was the program implemented?

5. How was the program evaluated and what were the results?

6. Cite the specific activities of the program during the period July 1, 2023 through June 30, 2024:
  
  
  
  
  
  
  
  
  
  
7. Why do you consider this program to be outstanding?

**NOMINATIONS MUST BE RECEIVED BY AUGUST 16, 2024. PLEASE PROVIDE ONE (1) ELECTRONIC COPY OF THIS NOMINATION TO THE EMAIL ADDRESS BELOW.**

SEND TO: Maryland Community Policing Institute  
Police and Correctional Training Commissions  
6852 4th Street  
Sykesville, MD 21784

EMAIL: [michael.krok@maryland.gov](mailto:michael.krok@maryland.gov)

If you have any questions, please call the Maryland Community Policing Institute at 410-875-3421.