



SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

## 2026 CORPORATE PARTNERSHIP AWARD

### NOMINATION FORM

**(Public Agency) Nominee's Full Name/Title:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**(Private Agency) Nominee's Full Name/Title:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Names as it should appear on the award: \_\_\_\_\_

**NARRATIVE ON NOMINEE**, including reasons these organizations merits the Award. (Use extra pages as necessary. Limit is three pages; double space, use 12-point font.)

Will a representative for the nominee attend the SE4A Conference? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Sponsoring AAA:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**(Note: Sponsoring AAA will be responsible for facilitating notification & luncheon attendance of award recipient.)**

PLEASE RETURN COMPLETED FORM TO LYNNE REEVES, AWARDS CHAIR.  
SUBMISSION MUST BE POSTMARKED OR RECEIVED VIA EMAIL NO LATER THAN **JUNE 15, 2026**.

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Northwest Georgia Regional Commission/AAA  
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(706) 295-6485

Email: [lreeves@nwgrc.gov](mailto:lreeves@nwgrc.gov)