



2016 Innovation Award Application

DUE: January 29, 2016

Email to: Ryan Spillers at rspillers@transformgov.org

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Application Title: _____

Jurisdiction Name: _____

Jurisdiction Population (US Census): _____

City/County Manager Name: _____

Project Leader (Primary Contact for award notification):

Name: _____

Title: _____

Department: _____

Phone Number: _____

eMail: _____

US Mail Address, including zip code: _____

List additional contact information below:

1. Describe the innovation. *100 word maximum.*

2. When and how was the program, policy or initiative originally conceived in your jurisdiction? *100 word maximum.*

3. How exactly is your program or policy a quantum leap of creativity? How has your innovation changed previous processes, products or services? *100 word maximum.*

4. Explain how the program or initiative substantially stretched or improved the boundaries of ordinary governmental operations. *200 word maximum.*

