



New York Gang Investigators Association Gang Investigator of the Year Nomination Form

WWW.NYGIA.COM

(Federal ID# 20-5460983)

The New York Gang Investigators Association (NYGIA) is a non-profit organization dedicated to the prevention and suppression of gangs and gang activity in New York. Nominations must be limited to the length of this form and two additional pages (if needed). Any photographs, clippings, videos or other relevant materials may also be submitted. Return the completed form and any attachments to the address listed at the bottom of this form.

Nominee Information: (DO NOT ABBREVIATE AGENCY NAME or NOMINEE ASSIGNED)			Title/Rank
Name (Last, First, MI): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Nominee Agency Information: (DO NOT ABBREVIATE AGENCY NAME or UNIT ASSIGNED)			
Agency Name/ Unit Assigned:			
Agency Class:	<input type="checkbox"/> Local (City/County)	<input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
Mailing Address:			Contact Number:
City:	State:	Zip Code:	County:

Nominee's Current Responsibilities:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Nominee's Experience / Background:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Past Awards / Recognition of Nominee:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

NYGIA AWARDS NOMINATION
PO Box 974, Yonkers, NY 10701



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Significant Contribution to Gang Investigation or Gang Eradication:

Specific Qualities Making Nominee Deserving of this Award:

I hereby affirm that the aforementioned information and supporting documentation related to the nomination of this Nominee for this award is true and accurate to the best of my knowledge. I am aware that if any of the information provided is found to be inaccurate or untruthful, this nomination shall be removed from consideration for this award.

Nominator's Signature

Date

Nominator Information:			Title/Rank		
Name (Last, First, MI):					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.					
Nominator Agency Information: (DO NOT ABBREVIATE AGENCY NAME or NOMINEE ASSIGNED)					
Agency Name / Unit Assigned:					
Agency Class:			<input type="checkbox"/> Local (City/County)	<input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
Mailing Address:				Contact Number:	
City:	State:	Zip Code:		County:	

NYGIA ADMINISTRATIVE USE ONLY:				<input type="checkbox"/> Finalist	<input type="checkbox"/> Semi-Finalist
NYGIA Region	<input type="checkbox"/> Greater Niagara	<input type="checkbox"/> Chautauqua-Allegheny	<input type="checkbox"/> Finger Lakes West	<input type="checkbox"/> Finger Lakes East	<input type="checkbox"/> Thousand Islands- Seaway
	<input type="checkbox"/> Adirondacks South	<input type="checkbox"/> Adirondacks North	<input type="checkbox"/> Central	<input type="checkbox"/> Capital-Saratoga	<input type="checkbox"/> Catskills
		<input type="checkbox"/> Hudson Valley	<input type="checkbox"/> New York City	<input type="checkbox"/> Long Island	
_____ _____ _____ _____ _____			_____ President Signature Date		
_____ _____ _____ _____ _____			_____ Vice President Signature Date		

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