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AWARDS BULLETIN

DEPARTMENT OF VETERANS AFFAIRS EMPLOYEE **AWARDS BULLETIN** **For 2016**

Release date: November 10, 2015

DAV NATIONAL COMMANDER'S AWARDS RECOGNIZING AN OUTSTANDING MEMBER OF THE DEPARTMENT OF VETERANS AFFAIRS VETERANS HEALTH ADMINISTRATION (VHA), VETERANS BENEFITS ADMINISTRATION (VBA) AND NATIONAL CEMETERY ADMINISTRATION (NCA)

DAV is pleased to announce the National Commander's Awards Program to honor an outstanding individual within the Department of Veterans Affairs, Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) for 2016.

To successfully initiate these awards we will require the support of all Departments and DAV National Service Offices in submitting deserving candidates from these categories. We strongly encourage a deserving candidate to be nominated from within each Department for possible selection and recognition by DAV at the national convention.

Nominees for any of the three awards need not be a member of DAV or veteran, but must be a Department of Veterans Affairs VHA, VBA or NCA employee. While a nomination for each administration is not required, nominations for each are encouraged.

The National Commander's Award recipient will be provided with a round-trip airline ticket to Atlanta, Georgia to receive the award at the National Convention; hotel accommodations for a maximum of two (2) nights; and following the convention, a voucher will be completed for reimbursement of per diem expense for meals and incidentals for each night's lodging.

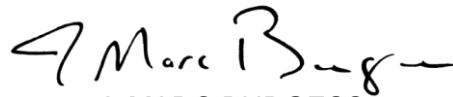
To promote consistency among nominations, simplify the process and speed up submissions, a nomination form for each category is included. All nominations must be submitted with the complete information and necessary photos no later than February 26, 2016. Submittals should be sent to Jim Marszalek, National Service Director, Disabled American Veterans, 807 Maine Ave, S.W., Washington, D.C. 20024.

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A set of rules follows this introduction. The rules outline procedures to be followed in making nominations for each individual in each administration. Please adhere to these rules for each nomination made.

Your positive involvement in this program provides DAV an opportunity to nationally and locally publicize individuals within the VHA, VBA and NCA who perform outstanding work on behalf of disabled veterans and their families. It is also a way for DAV to say thank you to these truly tremendous individuals.

We look forward to your nominations and ask that you direct any questions concerning the program to the undersigned.

A handwritten signature in black ink that reads "J. Marc Burgess". The signature is written in a cursive style with a long horizontal flourish at the end.

J. MARC BURGESS
National Adjutant

JMB:aje

**Rules Governing the Program for
DAV National Commander's Awards
Recognizing an Outstanding Member of
The Department of Veterans Affairs
Veterans Health Administration (VHA),
Veterans Benefits Administration (VBA) and
National Cemetery Administration (NCA)
For 2016**

The following is a list of rules to be observed in the selection of the nominee for the National Commander's Award recognizing an outstanding member of the Department of Veterans Affairs Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA). The following information must be submitted separately for each nominee:

- Name; work and home address; date and place of birth; home, work and fax phone number of each nominee.
- A resume of education and work activities, to include military service dates and branch, if applicable.
- If the nominee is a member of DAV, please supply Chapter number, city and state where located. Remember that nominees need not be members of DAV or a veteran to be eligible for these awards.
- All nominations must be submitted with the full consent of the nominee authorizing us to use the person's name, picture and story for publicity purposes. Submit nominee's signed written consent.
- Each nominee's application must be accompanied by an 8" by 10" glossy photograph or as an electronic .jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the nominee suitable for publicity purposes.
- The name, title and telephone number of the immediate supervisor of each nominee.

Nominations:

- Nominations for an Outstanding Member of the Department of Veterans Affairs Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) must generally be made by a Department of DAV from submissions made through the chapters. DAV National Service Offices nationwide may also submit nominations. Departments are also encouraged to consider nominations from individuals directly associated with or witness to the outstanding performance of a member of the VHA, VBA or NCA.
- In the event of multiple nominations, Departments are requested to submit only their winning nomination in each administration to the Executive Director of DAV Washington Headquarters for consideration of the National Commander's Award to be presented at

the National Convention. The National Amputation and National Blind Veterans Chapters may submit nominations for the national award directly to the National Service Director.

Selection of recipient:

- The exemplary accomplishments of the nominee in relation to how his or her employment positively impacts on DAV's mission of fulfilling our promises to the men and women who served is achieved;
- The ability of the nominee to willingly and effectively motivate others to positively serve the needs of injured and ill veterans and their families is factored;
- Public relations, writing, speaking and other proactive activities on behalf of veterans and their families will also be weighed.

Administration:

The Department Adjutant should be responsible on the state level for implementing this program. DAV National Service Offices will submit nominations directly to the Executive Director, Washington, Headquarters.

Deadline:

Each nomination, with all supporting material, must be received by the Executive Director, Washington Headquarters no later than February 26, 2016. The selection of the national winner by the Awards Committee will be final.

The national winner will receive the award at the National Convention. The only expenses to be paid by the National Organization are for providing the recipient with a round-trip airline ticket to Atlanta, Georgia to receive the National Commander's Award. Hotel room and tax will be billed to the DAV master account for a maximum of two nights. Subsequently, a voucher will be completed for reimbursement of per diem expense of \$75.00 for meals and incidentals for lodging each night.

Publicity:

Every Department is strongly encouraged to participate and urged to publicize this awards program for maximum participation. This is an effective way to recognize outstanding service by members of the VHA, VBA and NCA and encourage others to emulate their outstanding work on behalf of injured and ill veterans and their families.

Departments are requested to consider inviting representatives from the VHA, VBA or NCA in their respective areas to address members and to publicize these events. It is also suggested that the Department Convention would be an ideal opportunity to present a Department award to each VHA, VBA and NCA selected for consideration by the national award committee, and to invite local media and press to cover the award presentations.

The anticipated cooperation of all Departments is deeply appreciated. It will result in enhanced relations with members of the VHA, VBA and NCA and, ultimately, improved service delivery to veterans and their families.

**National Commander's Award
Outstanding Department of Veterans Affairs
Veterans Health Administration (VHA) Member
2016
Department of**

(State)

Nominee's Name _____

Nominee's Home Address _____

Nominee's Work Address _____

Phone _____ (Home) _____ (Work) _____ (Fax)

Date and Place of Birth _____

Marital Status _____ Spouse's Name _____

Children _____

Military Service:
Date Enlisted _____, Drafted _____, Commissioned. _____

Date Separated _____, Branch _____, Rank _____

DAV Membership:
Chapter No. _____ City _____ State _____

Education:
Name of School _____ City _____ State _____

Degree _____

Name of School _____ City _____ State _____

Degree _____

Nominee's achievements:

Nominee's involvement with DAV and community groups:

1. Include a copy of nominee's resume.
2. Include narrative of why nominee was selected.
3. Include an 8" by 10" glossy photograph or as an electronic .jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the nominee suitable for publicity purposes.
4. Include signed nominee consent form.

Submitted By:

(Name)

(Title)

(Street)

(City, State, Zip Code)

(Phone)

Approved By: *(Requires at least one signature)*

DAV NSO

Department Adjutant

**National Commander's Award
Outstanding Department of Veterans Affairs
Veterans Health Administration (VHA) Member**

CONSENT FORM

I, _____ hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

(Signature)

(Date)

**National Commander's Award
Outstanding Department of Veterans Affairs
Veterans Benefits Administration (VBA)
2016
Department of**

(State)

Nominee's Name _____

Nominee's Home Address _____

Nominee's Work Address _____

Phone _____
(Home) (Work) (Fax)

Date and Place of Birth _____

Marital Status _____ Spouse's Name _____

Children _____

Military Service:
Date Enlisted _____, Drafted _____, Commissioned. _____

Date Separated _____, Branch _____, Rank _____

DAV Membership:
Chapter No. _____ City _____ State _____

Education:
Name of School _____ City _____ State _____

Degree _____

Name of School _____ City _____ State _____

Degree _____

Nominee's achievements:

Nominee's involvement with DAV and community groups:

1. Include a copy of nominee's resume.
2. Include narrative of why nominee was selected.
3. Include an 8" by 10" glossy photograph or as an electronic .jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the nominee suitable for publicity purposes.
4. Include signed nominee consent form.

Submitted By:

(Name)

(Title)

(Street)

(City, State, Zip Code)

(Phone)

Approved By: *(Requires at least one signature)*

DAV NSO

or

Department Adjutant

**National Commander's Award
Outstanding Department of Veterans Affairs
Veterans Benefits Administration (VBA)**

CONSENT FORM

I, _____ hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

(Signature)

(Date)

**National Commander's Award
Outstanding Department of Veterans Affairs
National Cemetery Administration (NCA)
2016
Department of**

(State)

Nominee's Name _____

Nominee's Home Address _____

Nominee's Work Address _____

Phone _____ (Home) _____ (Work) _____ (Fax)

Date and Place of Birth _____

Marital Status _____ Spouse's Name _____

Children _____

Military Service:

Date Enlisted _____, Drafted _____, Commissioned. _____

Date Separated _____, Branch _____, Rank _____

DAV Membership:

Chapter No. _____ City _____ State _____

Education:

Name of School _____ City _____ State _____

Degree _____

Name of School _____ City _____ State _____

Degree _____

Nominee's achievements:

Nominee's involvement with DAV and community groups:

1. Include a copy of nominee's resume.
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3. Include an 8" by 10" glossy photograph or as an electronic .jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the nominee suitable for publicity purposes.
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Submitted By:

(Name)

(Title)

(Street)

(City, State, Zip Code)

(Phone)

Approved By: *(Requires at least one signature)*

DAV NSO

or

Department Adjutant

**National Commander's Award
Outstanding Department of Veterans Affairs
National Cemetery Administration (NCA)**

CONSENT FORM

I, _____ hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

(Signature)

(Date)