

# MCFCA Nomination for Award

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Nominator: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Nominee: \_\_\_\_\_ Award: \_\_\_\_\_

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| [11.11] Gallantry Star for Bravery                 | [11.37] Career Service Award           |
| [11.12] Manatee Co. Chief Fire Officer of the Year | [11.38A] Length of Service Award       |
| [11.13] Manatee Co. Fire Officer of the Year       | [11.38B] Legacy Service Award          |
| [11.14] Manatee County Fire Inspector of the Year  | [11.39] Military Service Award         |
| [11.15] Manatee County Firefighter of the Year     | [11.40] Phoenix Award                  |
| [11.16] Chief's Unit Citation                      | [11.41] Genesis Award                  |
| [11.17] Career Retirement Award                    | [11.50] Specialized Achievement Awards |
| [11.21-11.29] Campaign Awards                      | [11.51] Special Operations Award       |
| [11.31] Lifesaving Award                           | [11.52] Honor Guard Award              |
| [11.32] Meritorious Service Award                  | [11.53] HAZMAT Award                   |
| [11.35] Department/Unit Citation Award             | [11.54] Professional Development Award |
| [11.36] Exemplary Duty Commendation Award          | [11.55] Safety Award                   |

State reason for nomination of this individual or unit for this award. Be as **specific** as possible. State specific actions, duty, service rendered, circumstances, or performance so the review board may best understand the reason this award should be made. Attach copies of all appropriate documentation (run reports, letter of appreciation, etc.) that will assist in the decision-making efforts. Attach additional sheets if necessary.

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Action taken: **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**If denied, explain reason:** \_\_\_\_\_

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