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|  | **IOWA PARTNERS IN EFFICIENCY**  **AWARD APPLICATION**  **2020** |

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| The Iowa Partners in Efficiency Award recognizes a team or work unit within a not-for-profit that, through the use of Lean tools and techniques, significantly and measurably increases productivity and promotes innovation, resulting in the improvement of delivery of services to the benefit of citizens of Iowa and the private sector.    **Activity/Event must have occurred no earlier than January 2016**  **Improvements must be implemented and in use for a minimum of 90 days**  **Timeline**   * Award applications accepted March 1 - June 30, 2020. * Finalists selected July 31, 2020 * Top three finalists may receive an on-site visit as part of the evaluation process * Award made at the ILC Annual Fall Conference October 28 or 29, 2020 | |
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| **NOMINATOR’S INFORMATION** | **Name**:  **Agency/Organization**:  **Address**:  **City**, **State**:  **Zip**:  **Phone**:  **Email**: |
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| **DESCRIPTIVE TITLE OF NOMINEE’S ACHIEVEMENT** |  |
| Note: The achievement title should be EIGHT (8) words or less; it MUST begin with an ACTION VERB such as “Developed,” “Reduced,” “Streamlined,” etc.; and, it should be understandable to people with no knowledge of your agency’s operations. |
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| **NOMINEE’S INFORMATION** | **Agency/Organization**:  **Name of Team or Work Unit**:  **Number of People on Team**: |
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| **ACHIEVEMENT OVERVIEW** | **Please summarize the problem that this activity/event addressed, the strategy used to address it, and the impact achieved. What makes this activity/event worthy of nomination?** |
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| **Was there anything that made this activity/event exceptional in terms of innovation or creativity, initiative or perseverance of effort?** |
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| **METHODOLOGY** | **What type of Lean methodology was leveraged to achieve the improvement? (including, but not limited to, Rapid Business Process Improvement, Kaizen, A3, etc.)** |
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| **TIMEFRAME** | **When did the improvement activity/event start?**  **When did the improvement activity/event end?**  **When was the improvement implemented?** |
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| **OPTIONAL INFORMATION** | **Is there any additional data, information, or explanation that you think will assist judges in understanding and appreciating your nominee’s achievement? No extraneous attachments are allowed. The only things considered are those that are part of this application form.** |
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| **MEASURABLE RESULTS** | |  |  |  |  | | --- | --- | --- | --- | | **Measurable Results** | **Before** | **After** | **% Improvement** | | Lead Time | **0** | **0** |  | | Process Steps | **0** | **0** |  | | Handoffs | **0** | **0** |  | | Delays | **0** | **0** |  | | Rework Loops | **0** | **0** |  | |
| **Net Value Added** (*check all that apply):*  Cost Savings: Annual $       One-time $  Revenue Increase: Annual $       One-time $  Labor Efficiency: (Redeployed or freed up resources)  Quality Improvements (define):  Other: |
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| **SIGNIFICANCE OF THE ACHIEVEMENT** | All achievements nominated must address each of the following items: |
|  | **My nominee’s achievement solved a problem, improved a service or product, or improved an efficiency deficit:** |
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| **My nominee’s achievement utilized a structured improvement process. Please draft a summary that indicates whether the nominee’s achievement includes a continuing Control Plan/Visual Controls.** |
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| **My nominee’s achievement demonstrated sustainment for: (select one)**  A minimum of 90-days  One year or longer  Over 2 years |
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| **Who are the stakeholders and how were they involved in the improvement process?** |
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| **My nominee’s achievement produced a service that benefits citizens or private sector.**   * + **How will this improvement benefit the citizens of Iowa?**   + **Will this improvement have an impact on business and Iowa’s economic competitiveness?** |
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| **My nominee’s achievement can be replicated. Please draft a summary that indicates whether the nominee’s achievement has been partially or fully replicated and implemented within and/or outside the department (section/division/unit/etc.).** |
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| **ENDORSEMENT OF NOMINATOR** | I,      , hereby recommend the above nominee.  Title:  Date: |
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| **ENDORSEMENT OF ORGANIZATION HEAD OR DESIGNEE** | **The responses to the questions on this nomination form have been presented by the nominator and/or awards coordinator as accurate and complete.** *Check box to attest that the application has been endorsed by organization head or designee.*  Organizational Head or Designee  Title: |

**Iowa Lean Consortium**

**For questions contact** [**tschust@iastate.edu**](mailto:tschust@iastate.edu)