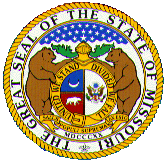
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**State of Missouri**

**2019 Governor’s Award for Quality and Productivity**

**GUIDELINES**

**PURPOSE**

The Governor’s Award for Quality and Productivity (GAQP) recognizes teams that champion serviceexcellence, efficiency, innovation, technology, process improvement, and employee development in Missouri state government. All projects must meet requirements of effectiveness, responsiveness, and efficiency of such magnitude that would make the project a model of excellence in state government nationally.

**ELIGIBILITY**

Any team of individuals employed by the State of Missouri who worked together to implement a project within their own agency, or who have worked with another section, division, department, agency, organization or business to implement a project which exemplifies the purpose of the GAQP, may submit a nomination.  The combined number of individuals representing any team should consist of **2 to 20 team members** (maximum) – the majority of whom are state employees.

Teams must provide documentation which includes, but is not limited to, background information, measures, and other supporting material that demonstrates the impact of the project. Projects are encouraged to demonstrate the potential for replication in other jurisdictions or settings.

***Once a nomination has been approved by the department/agency and submitted for consideration for the GAQP, additional team members may not be added.***

All projects must have been in existence long enough to have a **measurable** impact.

**EXECUTIVE SUMMARY**

Describe (in 500 words or less) the initial challenge, research, problem-solving measure, documentation, results, etc. Executive summary page must be typed in 12 point, Times New Roman font, and left justified. **Attach the executive summary to the front of the nomination**. [A blank Executive Summary document is available at the end of this document.]

**NOMINATION** [**PROCESS**](file:///\\oafiles\OsborD$\2014%20GAQP\Coordinators\GAQP%20FAQ's.doc)

A team of managers, directors, and/or state executives reviews nominations and selects the winners of this award which recognizes successful teams in Missouri state government.

1. Secure nomination packet from your [agency/department GAQP coordinator](https://www.training.oa.mo.gov/erp/gaqp-agency-coordinators.htm) or on the GAQP web page at <http://www.training.oa.mo.gov/erp/index.htm>.
2. Complete the nomination form (providing ALL information requested)
3. Forward completed nomination form to the [agency/department GAQP agency coordinator](https://www.training.oa.mo.gov/erp/gaqp-agency-coordinators.htm).
4. Agency/department GAQP coordinator reviews nomination form and ensures that all information and documentation is complete and accurate.
5. Agency/department coordinator secures agency/department director endorsement signature and forwards completed nomination packet to GAQP state program coordinator.
6. **Do not submit hard copies of information, documentation, videos, etc.**

**CATEGORIES**

**Customer Service**

The winning team(s) will identify and develop measures to improve customer service in Missouri state government. The winning project(s) will establish how its development and implementation provided the agency a means to more effectively satisfy customer, stakeholder, and public expectations. This will include, but is not limited to, communication, information, responsiveness, resolution of problem(s), and on-time, reliable, consistent customer service delivery.

**Efficiency / Process Improvement**

The winning team(s) will develop an effective and creative approach in using state resources to implement a new process or deliver a product or service. Implementation of the winning project must have improved the overall quality of products and services, significantly enhanced operational efficiency, simplified work processes, generated increased revenues, or reduced spending.

**Innovation**

The winning team(s) will develop and implement a new process/product/service or a better application to an existing process/product/service to create an “added value” to state government. The winning project will deliver benefits to the citizens of Missouri through advances in vital services such as healthcare, education, communications, transportation, etc.

**Pinnacle Award**

The winning team will be chosen from a nominated team if, in the opinion of the Selection Committee, the nomination clearly encompasses multiple award categories in a manner that exemplifies the spirit of the Governor’s Award, or exceeds all other nominations. This award is not open for nomination and may only be used by the GAQP Selection Committee.

Examples of previous winning nominations for the above categories are available by visiting the following link: [previous winning nominations](https://www.training.oa.mo.gov/erp/winnom.htm).

**Agency/Department Coordinator Forwards Complete Packet to:**

Governor’s Award for Quality and Productivity

Office of Administration – Division of Personnel

Attn: John Beakley

Center for Management and Professional Development

Truman State Office Building, Room 430

301 East High Street

Jefferson City, MO 65101

[John.Beakley@oa.mo.gov](mailto:John.Beakley@oa.mo.gov)

573-526-4554

<http://www.training.oa.mo.gov/recognition.htm>

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| STSEAL4C | **State of Missouri – 2019 Governor’s Award for Quality and Productivity**    **NOMINATION FORM** | |
| **I. GENERAL INFORMATION** | | |
| **Department:** | | |
| **1. Project or team name:** | | |
| **2. List the name of all team members, job titles, state agency department, and/or other organizations including public, private sector or business:** *(Please list alphabetically by last name – 2 to 20 team members maximum.)* | | |
|  | | |
| **3. Nomination Category**: *(Check only one.)*  INNOVATION  CUSTOMER SERVICE  EFFICIENCY / PROCESS IMPROVEMENT | | |
| **4. Explain why you selected this category:** | | |
| **II. BACKGROUND** | | |
| **1. When did the team begin its work?** | | |
| **2. What date did the team initiate the implementation phase of the project?** | | |
| **3. Is the project:**  Time Limited  Completed  Ongoing | | |
| **III. PROJECT DESCRIPTION** | | |
| **1. Why was the project necessary?** | | |
| **2. What were the primary goals of the project?** *(150 words or less.)* | | |
| **3. Describe the project:** *(200 words or less.)*    **4. What technology, if any, was used in the development, implementation, maintenance or measurement of the project?** *(150 words or less.)* | | |
| **5. Explain how the accomplishment of the team exceeds its regular duties and responsibilities.**  *(150 words or less.)* | | |
| **6. Which of the following describes the intended benefits of the project?** (Check all that apply and provide an explanation. - 150 words or less)  Cost Reduction  Time Savings  Increased Effectiveness  Improved Process  Other: Describe  **Explain the intended benefits:** | | |
| **IV. RESULTS / MEASUREMENT** | | |
| **1. Explain how the success of the project was measured and what outcomes were achieved.** (Explanation should not exceed 300-500 words.) | | |
| **2. Are the benefits derived from this project:** (Check only one.)  Recurring  One-time | | |
| **3. If recurring, how will the benefits be sustained?** (Explain in 150 words or less.) | | |
| **V. RECOGNITION / AWARDS** | | |
| **1. Has this project previously been nominated for the Governor’s Award for Quality and Productivity? If yes, when?** | | |
| **2. If yes, for which category was it nominated?** | | |
| **3. Has this project received any other awards or recognition? If yes, describe.** | | |
| **VI. NOMINATOR’S INFORMATION** | | |
| **Nominating Department:** | | |
| **Name:** | | **Signature:** |
| **Telephone Number:** | | **E-Mail Address:** |
|  | | |
| **VII. DEPARTMENT COORDINATOR’S INFORMATION** | | |
| **Name:** | | **Signature:** |
| **Telephone Number:** | | **E-Mail Address:** |
|  | | |
| **VIII. DEPARTMENT DIRECTOR APPROVAL** | | |
| **Department Director’s Name:** | | **Signature:** |
| **Nomination must be signed ONLY by the Department Director to be eligible for consideration. Nominations not signed by the Department Director will be returned to the agency coordinator.** | | |

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| --- | --- |
| STSEAL4C | **State of Missouri**  **2017 Governor’s Award for Quality and Productivity**  **Executive Summary** |
| **Project or Team Name:** | |
| **Nominator:** | |
| **Nominating Department:** (Nominations must include names of all agencies/departments/organizations/ businesses, etc.) | |
| **Category:** | |
| **Executive Summary:** (Executive Summary page must be 500 words or less, 12 point, Times New Roman font, and left justified. **Attach the Executive Summary to the front of the nomination.)** | |

**State of Missouri**

**2017 Governor’s Award for Quality and Productivity**

**Nomination Checklist**

The Nomination Checklist is for your assistance to ensure that you have completed all parts of the nomination package. Do not include this checklist with nomination packet.

* Verify all team members have been included on the nomination form [maximum of 20 team members, the majority of whom are state employees]. **Once the nomination has been submitted additional team members may not be added**.
* Check to make sure all names are spelled correctly and listed alphabetically by **last name**. (Verify spelling of all team members names.)
* Include the job titles and agency/organization of all team members.
* Complete the **Executive Summary** and attach to the **front** of the nomination form. It should include why this project is exceptional, why the citizens of Missouri should be proud of this team, and why the accomplishments are beyond regular responsibilities.
* Forms can be downloaded on the GAQP web page at <http://www.training.oa.mo.gov/erp/index.htm>. Enter responses to all questions (reference each section and number clearly) on an original or copy of the nomination form.
* Confirm point of contact and telephone number.
* Review nomination to ensure:
  + acronyms and technical terms are clearly identified and understandable to the average reader;
  + supporting documentation is provided; and
  + measurement for the project has been included in the nomination.
* Forward completed nomination packet to agency coordinator for verification.

For more information visit the website listed below or contact:

*GAQP State Program Coordinator*

*John Beakley*

*573-526-4554*

[*John.Beakley@oa.mo.gov*](mailto:John.Beakley@oa.mo.gov)

<http://www.training.oa.mo.gov/recognition.htm>