

**ACT RECOGNITION AWARD
NOMINATION FORM**

| NOMINEE INFORMATION | | | |
|---|-------|--------|-----------|
| Name of Person or Organization nominated for ACT Recognition Award: | | | |
| Street address: | | Phone: | |
| P.O. Box: | City: | State: | ZIP Code: |
| Email: | | | |

| NOMINATOR'S INFORMATION | | | |
|--------------------------------|-------|--------|-----------|
| Name: | | | |
| Street address: | | Phone: | |
| P.O. Box: | City: | State: | ZIP Code: |
| Email: | | | |

In no more than one to two pages, please provide the following:

- I. Explain how the nominee has created an effective and evidence-based model of improving prostate cancer trial accruals or addressing barriers to trial accruals.
- II. Is this sustainable and replicable for other trials? Please explain
- III. How has the nominee been able to measure the impact of their work?
- IV. Would the nominee be willing to share these best practices in the Washington D.C. region?
Yes No
- V. Optional: other information deemed to be pertinent to consideration of this nomination
- VI. Email completed form to actfund@brownphilanthropy.com

All awardees will be notified of their award prior to publication.