To submit a nomination for the Carlos Rincon Air Quality Excellence Award, please fill out the following form and submit with any additional materials to <a href="mayra.chavez@tceq.texas.gov">mayra.chavez@tceq.texas.gov</a>

## The Carlos Rincon Air Quality Excellence Award

## **Award Nomination Form**

Contact Email: Phone:
Information:         From the following fields, please select the category that best applies to the nominee         □Individual       □Organization       □Other: (Please describe         If you selected Individual, please provide the following:         Name       First:       Last:         Contact Information       Email:       Phone:         If you selected Organization, please provide the following:
Information:         From the following fields, please select the category that best applies to the nominee         □Individual       □Organization       □Other: (Please describe         If you selected Individual, please provide the following:         Name       First:       Last:         Contact Information       Email:       Phone:         If you selected Organization, please provide the following:
Information:         From the following fields, please select the category that best applies to the nominee         □Individual       □Organization       □Other: (Please describe         If you selected Individual, please provide the following:         Name       First:       Last:         Contact Information       Email:       Phone:         If you selected Organization, please provide the following:
Nominee's Information         From the following fields, please select the category that best applies to the nominee         □Individual       □Organization       □Other: (Please describe         If you selected Individual, please provide the following:         Name       First:       Last:         Contact Information       Email:       Phone:         If you selected Organization, please provide the following:
From the following fields, please select the category that best applies to the nominee  Individual  Organization  Other: (Please describe  If you selected Individual, please provide the following:  Name  First:  Contact Information  Email:  Phone:  If you selected Organization, please provide the following:
□ Individual □ Organization □ Other: (Please describe  If you selected Individual, please provide the following:  Name First: Last:  Contact Information Email: Phone:  If you selected Organization, please provide the following:
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Please describe how the nominee demonstrates excellence in one of the selection criteria areas listed below (be as specific as possible).

## Selection Criteria:

- **Reduction**: Direct or indirect reduction of Basin air pollution or pollutant emissions.
- **Innovation**: Creation or utilization of innovative strategies to improve air quality in the Basin.
- Outreach: Outreach and/or education regarding air quality within the Basin community.
- **Research:** Ideas and projects that will expand the current knowledge regarding air quality within the Basin.

Please submit any materials relevant to the nominees' efforts to reduce air pollution in the Paso del Norte Air Basin through one of the selection criteria listed above.

Materials can include but are not limited to: Photos, Videos, Published Papers, research reports, news/media coverage, social media campaigns etc.