

Association of Northeast Extension Directors
Exceptional Local Program Awards 2021

Program Name: _____

Institution Submitting the Nomination: _____

Program Contact: _____

- **Title:** _____
- **Complete Mailing Address (Street, City, State, Zip Code):**

- **Telephone Number:** _____
- **E-mail:** _____

Program Abstract (max 150 words):

Is this a Multistate Project? Yes No

If yes, please provide the names, titles, and institutions of the multistate team members.