

Association of Northeast Extension Directors
Exceptional Local Educator Awards

Institution Submitting the Nomination:

Name of Nominator:

Nominated Individual:

- **Title:**

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

- **Phone Number:**

- **Email:**

Program Name:

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.