



## Project Leadership Award Submission Checklist

### EMAILED ITEMS

<input type="checkbox"/>	Email submissions to <a href="mailto:lcastro@coaa.org">lcastro@coaa.org</a> Please PDF your submission.	Must arrive by midnight August 31, 2020
<input type="checkbox"/>	Letters of Recommendation	
<input type="checkbox"/>	Signed Affirmation and Release	
<input type="checkbox"/>	Include Graphics – Be sure to include project pictures, graphics and renderings that help explain why you’ve nominated this Owner lead team	
<input type="checkbox"/>	Nomination Fee	COAA Member \$350.00 Non-Member \$600.00
<input type="checkbox"/>	Credit Card Authorization Form if paying by Credit Card	

### MAILED ITEMS

<input type="checkbox"/>	Photographs – both low resolution and high resolution (300 dpi) project pictures (DVD/CD/Flash Drive)	Mail to: COAA Project Leadership Awards Committee 5000 Austell Powder Springs Rd. Suite 217 Austell, GA 30106
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### NOTIFICATIONS

<input type="checkbox"/>	Informed Owner of Nomination and Awards Schedule	The Owner will receive the award at our Fall Owners Leadership Conference
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**COAA**  
*Building Success for Construction Project Owners*  
**PROJECT LEADERSHIP AWARDS**  
**NOMINATION FORM**

Please email your submission to Lucie Castro, Manager of Operations and Administration [lcastro@coaa.org](mailto:lcastro@coaa.org). All submissions are due by midnight August 31, 2020.

**Subject Line: 2020 COAA Project Leadership Awards Committee**

Please submit both low resolution and high resolution (300 dpi or higher) project pictures. Low resolution images may be used on the COAA website. High resolution images may be used in the *Owners Perspective* magazine. JPGs are preferred.

**SECTION I - GENERAL PROJECT INFORMATION:**

**Name of Project:**

**Location of Project:**

**Name and Address of Owner:**

**Name and Address of Design Professional(s):**

**Name and Address of Construction Professional(s):**

**Other Consultants or Professionals:**

**Type of Project:**

(Commercial, Institutional, Industrial, Governmental, Medical, etc.)

**Delivery Method:**

(Design Bid Build, CM Agency, CM at-Risk, Design Build, Multiple Prime, etc.)

**General Project Description:**

(Provide a brief narrative of the project scope of work, not to exceed one (1) page.)

**Project Duration:**

(Calendar Days)

**Project Start Date:**

(Date)

**Project Completion Date:**

(Planned Completion Date, Actual Completion Date)

**Changes in Schedule:**

(Briefly Describe Reasons for Delay or Acceleration)

**Initial Construction Cost (\$):**

(In Dollars)

**Final Construction Cost (\$):**

(In Dollars)

**Percent of Change Orders:**

(Percentage of Final Construction Cost)

**SECTION II - OVERALL PROJECT MANAGEMENT:**

(Entire section should not exceed four (4) pages.)

**Project Management:**

(Provide two (2) examples which demonstrate project management excellence by the Owner's Project Manager.)

**Scheduling:**

(Provide two (2) examples which demonstrate the Owner's expertise in managing the schedule; that is, identify some steps taken by the Owner which contributed to the management of the schedule.)

**Cost Management:**

(Describe what action the owner took with the project team to manage the project costs.)

**Quality Management:**

(Provide a brief narrative describing the methods of quality control/quality assurance and the Owner's participation in this area.)

**SECTION III - OVERALL PROJECT SUCCESS:**

(Identify and briefly explain the factors that contributed to the success of the project such as the selection of the A/E, Prime Contractor and Subcontractors, approach to decision-making, handling end user requests, etc. Entire section should not exceed two (2) pages.)

**SECTION IV – PROJECT COMPLEXITY:**

(Provide a brief narrative (i) in bullet form and (ii) maximum of one page; describing the complexity of the project including challenges, constraints and the solutions.)

**SECTION V – SUSTAINABILITY ELEMENTS/EFFORTS:**

(Provide a brief narrative (i) in bullet form and (ii) maximum of one page; describing sustainability elements/efforts, if any.)

**SECTION VI – CONFLICT RESOLUTION:**

(Provide a brief narrative (i) in bullet form and (ii) maximum of one page, describing the owner’s role in minimizing and resolving conflicts.)

**SECTION VII - CUSTOMER SATISFACTION:**

Please attach to the Nomination Form the following letters of recommendation:

1. A letter from the Design Professional describing how they found the Owner contributed to the project success.
2. A letter from the Construction Professional describing how they found the Owner contributed to the project success.
3. A letter from the customer or end user of the facility describing their overall satisfaction with the building/facility.

**AFFIRMATION AND RELEASE:**

Nomination is submitted by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State/Province, Zip/Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

In submitting this application, I affirm to the best of my knowledge, that the information contained herein is accurate and correct. I also agree to grant permission for COAA® to use the nomination materials in their entirety (including photographs) for promotional purposes which may include, but not be limited to, the COAA® website and the *Owners Perspective* magazine.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE : \_\_\_\_\_

# COAA Construction Owners Association of America

## PROJECT LEADERSHIP AWARD CREDIT CARD BILLING AUTHORIZATION FORM

<b>Credit Card Billing Information</b>	
Name as it appears on Card:	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <span style="margin-left: 150px;">Express</span> <input type="checkbox"/> American Express
Credit Card Number:	
Security Code/CVV Number:	
Expiration Date:	
Billing Address:	
City & State:	
Phone & Fax Number:	Phone:
	Fax:

<b>One Time Processing</b>	<input type="checkbox"/> COAA Member	\$350.00
Bill my card for the following amount:	<input type="checkbox"/> COAA Non-Member:	\$600.00
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that submission may be disqualified if charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to invoiced amounts should immediately be reported to <a href="mailto:lcastro@coaa.org">lcastro@coaa.org</a>.</p>		
<p>By signing this form, you authorize COAA to charge your credit card for the amount indicated above.</p>		
Authorized Signature	Date	