

# 2006 Minnesota Broadband Award Nomination Form

*Please fill-in all the fields before submitting your nomination*

County \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Person Submitting Nomination \_\_\_\_\_

Phone Number \_\_\_\_\_

**Nomination category** (check one)

- Business Award
- Health Care Award
- Education Award
- Government Award

**Describe the Broadband Based Application or Service:**

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**What makes it innovative?**

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**When was it implemented or updated?**

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**Who created it (Nominee or other party, i.e. commercial application)?**

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