

INFORMATION ON TEAM/GROUP MEMBERS
(For Group/Team Nominations)

Name of Team Members	Position/Status of Appt./Agency	Contributions of each member <i>(Including those of disqualified members)</i>	Performance Rating <i>(for the last two (2) rating periods)</i>	Reason for disqualification of the Team Members, if any

--- CERTIFICATION ---

I hereby attest to all the facts herein, authorize the Committee on Awards to validate the accuracy of the information contained in this form and grant our consent to the conduct of background investigation. Any misrepresentation made by the signatory shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

Chair, PRAISE Committee
Signature over printed name