



**Mariposa County**  
**BRAVO! You Make a Difference Award**  
**DO IT BETTER BY SUGGESTION (DIBBS) PROGRAM**  
**Nomination Form**  
**(To be used for all Cash Awards)**

Mariposa County's BRAVO! Award Program is designed to motivate, recognize, and reward exemplary performance that supports the County's overall organizational goals. Recognition is an effective method for motivating employees by endorsing their high quality performance in highly visible programs and ceremonies, and helps employees identify which skills and behaviors are of priority value to Mariposa County.

**The BRAVO! Program is funded by the County of Mariposa and awards under the Program will be made based on budgeted and available funding each fiscal year.**

**INSTRUCTIONS:**

- Complete this BRAVO! You Make a Difference Awards Nomination Form and provide detailed, factual information about what makes the nominee or work unit outstanding along with an explanation of how the nominee meets the ideal(s) identified in the DIBBS AWARD PROGRAM section of the BRAVO! Award Program Guidelines.
- If you nominate a work unit, you must include the names of all members of the team that you nominate, including their Department.
- Please be as specific as possible in describing the reasons for your nomination of the employee. Providing examples enables the Employee BRAVO! Program Committee (EBPC) to better understand and prioritize all entries. Additional pages may be attached.
- Submit ORIGINAL entries only. Entries with duplicate wording will be considered as one entry.
- Submit the completed form and any supporting documentation (charts, graphs, printouts, etc.) to:  
Employee BRAVO! Program Committee (EBPC)  
Mariposa County  
C/O Human Resources Department  
P.O. Box 1917  
Mariposa, CA 95338



**Nominator:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Approved:**

**Department Head:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Employee BRAVO! Program Committee:**

\_\_\_\_\_  
Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Mariposa County Board of Supervisors Nomination Approval Date:**

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date