



FACILITY MANAGER OF THE YEAR

2015 AWARD APPLICATION

CANDIDATE NAME: _____ CANDIDATE COMPANY: _____

BUSINESS PHONE: _____ CELL NUMBER: _____

JOB TITLE: _____ EMAIL: _____

FULL ADDRESS: _____

APPLICATION SUBMITTED BY: _____

CONTACT INFORMATION IF NOT SELF-NOMINATED:

BUSINESS PHONE: _____ EMAIL: _____

1) Please outline your/the nominee's FM related educational background and experience:

2) Please describe the facility(s) and/or facility portfolio you/the nominee are/is currently managing:

3) Please describe how you/the nominee currently support professional organizations, including IFMA, and promote the value of Facilities Management:

4) How long have you/the nominee been a member of IFMA and IFMA Toronto?

5) Please describe why you/the nominee should be selected as IFMA Toronto's FM of the Year:

6) Please provide any references you/the nominee may have that would assist us in making a favourable decision on your behalf.

Submit Application to admin@ifma-toronto.org with the subject line Chapter Award Application or fax to: 1-866-461-6469