Excellence in Historic Preservation Awards

2019 Nomination Form

Please complete and submit this form, attachments, and required supporting materials as described on the Checklist of Enclosures. Applications submitted after February 14, 2019 will not be accepted. For more information, contact the Preservation League at awards@preservenys.org or 518-462-5658 x18.

Award Category (please choose only	one)		
☐ Project ☐ Organization/Commu	nity 🗖 Individual	☐ Publication	
Name of Nominee:			
Street Address or Project Location:			
City	NY	ZIP	
Telephone:	Email:		
Date Project was Begun (mm/yy)		Completed:	
NYS Assembly District #	_ Assemblymembe	er	
NYS Senate District #	_ NYS Senator		
US Congressional District #	_ US Representativ	ive	
Official Contact:			
		ZIP	
Telephone:	Email:		
Contact Person (if other than above):	·		
Affiliation or Title:			
Address:			
City			
Telephone:			