

## AWARDS OF EXCELLENCE 2010 Supplier of the Year Award Criteria

***Vancouver Regional Construction Association invites General & Trade Contractors to nominate a Supplier for recognition at the VRCA's Awards of Excellence evening as "Supplier of the Year".***

The firm nominated should be a VRCA member with whom you have worked for at least the past two years. The nominee should be a company considered by you to have displayed excellence in the industry of a kind or quality distinct from the normal. We encourage you to consider the following as possible criteria:

- Emphasis on quality
- Knowledge of product
- Meets deadlines for delivery
- Responsive to problems and innovations in problem solving
- Works well in a team
- Works to ensure successful completion of Project
- Good Communicator

***A complete nomination package must be delivered to the VRCA office by August 27, 2010 and should contain:***

- Completed nomination form
- List of Project(s) you have jointly worked on
- A one-page summary of why the firm nominated deserves recognition as Supplier of the Year
- General Contractor reference
- Trade Contractor reference

*Please return complete application package to:*  
**Vancouver Regional Construction Association**  
3636 East 4th Avenue, Vancouver, BC V5M 1M3  
Fax : (604) 298-9472  
*or if you have any questions please contact Jan at 604-294-3766*



## AWARDS OF EXCELLENCE 2010 Supplier of the Year Nomination Form

**A complete nomination package must be received by the VRCA office by August 27, 2010**

Nominee's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nominator's name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nominee's signature \_\_\_\_\_ Date: \_\_\_\_\_

**References:** *(Minimum of 2 each)*

Contractor - Name \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor – Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Contractor – Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Contractor – Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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