LeadersLink Tommy Longo Disaster Leadership Award

LeadersLink is establishing an annual nationwide award to recognize an elected official at the city or county level whose efforts have enabled his or her community to recover successfully from a disaster. It is named in honor of LeadersLink’s first disaster mentor, former Waveland, Mississippi Mayor Tommy Longo, who passed away in March and spent years coaching communities around the country through the disaster recovery process.

Who is eligible to be nominated for this award?

Any individual elected to office at the city or county level of a community that suffered physical damage following a disaster sometime in the past 10 years.

Who may submit nominations for this award?

Any individual or organization interested or involved in city/county governance, community emergency preparedness or disaster recovery. Individuals may self-nominate for this award.

Where are the nominations to be sent?

Completed nomination forms should be emailed to Info@leaderslink.org by December 31, 2019.

What are the evaluation/selection criteria for this award?

1) Recent disaster — Disaster must have occurred after January 1, 2010.  
2) Resilience — The city or county is thriving and has successfully recovered.  
3) Extent of damage — The community suffered at least 40 percent physical damage.  
4) Staying Power — The community was able to maintain at least 90 percent of its pre-disaster population.  
5) Speed of recovery.  
6) Initiative and innovation displayed during recovery.  
7) Efforts made by the official to protect the community from future disaster losses.

When will the winner be announced?

The winner will be announced in the spring of 2020 and the award will be presented in a ceremony in the winner’s community.
LeadersLink Disaster Leadership Award Nomination

Nominee Name: ___________________________ Title: ___________________________

City or County: ___________________________

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<th>DISASTER</th>
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<tr>
<td>Location</td>
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<td>Type of disaster</td>
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<th>DESCRIPTION OF EVENT</th>
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<th>WHY NOMINEE DESERVES RECOGNITION</th>
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Nominator
Name: ___________________________ Date: ___________________________
Address: ___________________________ Email: ___________________________
City / State: ___________________________ Zip: ___________________________
Relationship to Nominee: ___________________________ Phone: ___________________________

PLEASE SUBMIT BY 12/31/19 TO INFO@LEADERSLINK.ORG