

ENTERPRISE RISK MANAGEMENT (ERM) OUTSTANDING ACHIEVEMENT AWARD 2026 APPLICATION FORM

The Public Risk Management Association's (PRIMA) Outstanding Achievement Award for Enterprise Risk Management (ERM) honors a public entity that has effectively implemented an ERM program within its organization.

| Membership ID: | | | | |
|---|---|---------------|-----------------------|--------------------------|
| Name: | | | | |
| Title: | | | | |
| Name of Entity: | | | | |
| Address: | | | | |
| City: | | | State & Zip: | |
| Phone: | | | | |
| Email Address: | | | | |
| Population: | | <u>Annual</u> | Entity Budget: | |
| Fewer than 10,000 10,000 - 24,999 25,000 - 49,000 50,000 - 99,999 100,000 - 499,999 500,000 - 999,999 More than 1 million | Less than \$5 million \$5 million - \$9 million \$10 million - \$24 million \$25 million - \$49 million \$50 million - \$99 million \$100 million - \$249 million More than \$250 million | | | |
| I hereby grant PRIMA the podocuments) related to my e | | | | nts (or portions of the |
| Yes (all documents) | ☐ No | | ☐ Yes (will only allo | ow portions of document) |
| Signature: | | Date | : | |
| Supervisor's Name: | | | Date: | |
| Supervisor's Title: | | | Date: | |

Completed application deadline is February 27, 2026



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| Name of Entity: | | | | | |
|---|---|--|--|--|--|
| Name of Representative: | | | | | |
| On a separate sheet of paper, please answer the | e following: | | | | |
| Submit samples of the following (if available): | | | | | |
| - ERM Policy | - Sample Treatment Plan | | | | |
| - ERM Sample Training | - Communication Plan | | | | |
| - Sample Risk Register | | | | | |
| Describe your ERM Program (include the follow | ving if applicable): | | | | |
| Commitment of your Board and management | How your ERM program adds value to your organization and your stakeholders | | | | |
| How your ERM program meets strategic goals | Training you provide to staff on ERM | | | | |
| How ERM is integrated into decision- making | Obstacles or challenges you face in implementation of ERM | | | | |
| Please respond YES or NO to the following: | | | | | |
| Objective Criteria | Yes or No | | | | |
| 1.ERM Policy has been adopted by the Board/Council | | | | | |
| 2.Risk appetite & tolerance have been defined | | | | | |
| 3.Stakeholders identified | | | | | |
| 4.ERM training to staff | | | | | |
| 5.Organizational risks identified (risk register) | | | | | |
| 6.Owners assigned throughout the entire entity | | | | | |
| 7.Risk treatment plans | | | | | |
| 8.Integrated performance measures – early warning sig | gnals | | | | |
| 9.ERM communication plan | | | | | |
| Please check the media corresponding to attached d Forms Manual Report Newsletter Poster Press Clipping No documentation submitted | documentation. Articles Video/DVD Other | | | | |

Mail your entry to:

Send your application, nomination letter, and any testimonials. They may also be on any of the following media: DVD, CD, video or flash drive.

Incomplete applications are not accepted. Email application to pgerard@primacentral.org.

2025 PRIMA-ERM Award 700 S. Washington St., Ste 218 Alexandria, VA 22314-4291

Completed application deadline is February 27, 2026