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# CLARION COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS

www.ClarionCountyATO.org

*Supporting government serving people*

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## President

Steven J. Ketner  
909 Ketner Road  
Sligo, PA 16255  
(814) 745-2480



## Secretary-Treasurer

Stephen C. Allison  
230 Stahlman Drive  
Clarion, PA 16214  
(814) 764-6112  
E-mail: CCATO@windstream.net

June 1, 2023

TO: All Officials  
FROM: Steven Ketner, President  
RE: **32<sup>nd</sup> Annual Awards (deadline for entry is September 5, 2023)**

### Purpose of the Awards Program

To Honor a Township Official or Employee and a Township who has achieved or helped to achieve outstanding accomplishments that have benefited their Township or County.

#### ELIGIBLE ENTRANTS

##### 1. INDIVIDUAL AWARD

- a. A Township Official or Employee who held an office or was employed during the past year.
- b. An individual may be nominated for recent or lifetime achievements.
- c. Has shown that they have significantly accomplished a program(s) or a project(s) that has benefited their Township or County.

Eligible Individual Entrants may be nominated by an elected or appointed official of the same Township or by one of the County Association Officers.

##### 2. TOWNSHIP AWARD

- a. A township which has demonstrated the purpose of Township government to protect and improve the quality of life and safety of its residents.  
Examples: Local Government cost-cutting, coordination of local volunteer efforts, the advancement of Township goals with respect to State or Federal regulations, establishment of new services or programs, or the success of local development projects.
- b. This award may be shared between municipalities if they have collaborated on projects and/or services together that have benefited their residents.

Eligible Township Entrants may be nominated by an elected or appointed official of any Township or by one of the County Association Officers.

Please give your consideration to selecting your township or an official from your township for these Awards. After selecting your nominees, please return them in a **Separate Envelope** and mark "**NOMINEE**" on the outside of the envelope, as this will be given to the Awards' Selection Committee.

CLARION COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS  
32<sup>nd</sup> ANNUAL **OUTSTANDING TOWNSHIP AWARD**

NOMINATION FORM  
**Deadline: September 5, 2023**

NAME OF TOWNSHIP NOMINEE \_\_\_\_\_

CHAIRMAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PA, ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

**THIS TOWNSHIP IS BEING NOMINATED BECAUSE:**

(A Township that has demonstrated the purpose of Township government to protect and improve the quality of life and safety of its residents. Example: Local Government cost-cutting, coordination of local volunteer efforts, the advancement of Township goals with respect to State or Federal regulations, establishment of new services or programs, or the success of local development projects.)

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(Use back of form if more space is required)

**NAME AND ADDRESS OF PERSON MAKING NOMINATION:**

NAME: \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ OFFICE: \_\_\_\_\_  
(supervisor, secretary, tax collector, auditor)

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ SIGNED: \_\_\_\_\_

Return to: Stephen C. Allison, 230 Stahlman Drive, Clarion, PA 16214

Write **NOMINEE** on envelope

CLARION COUNTY ASSOCIATION OF TOWNSHIP OFFICIALS  
32<sup>nd</sup> ANNUAL **OUTSTANDING INDIVIDUAL AWARD**

NOMINATION FORM  
**Deadline: September 5, 2023**

NAME OF NOMINEE \_\_\_\_\_

POSITION \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PA, ZIP \_\_\_\_\_

I HAVE NOMINATED THE ABOVE PERSON BECAUSE:

(Summary of Accomplishments: summarize the accomplishments for which nominee is being nominated addressing the following criteria: outstanding accomplishments through programs or projects that benefited their Township and whose service to the Township exhibits the high standard of dedication, creativity and leadership)

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(Use back of form if more space is necessary)

NAME AND ADDRESS OF PERSON MAKING NOMINATION:

NAME: \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ OFFICE: \_\_\_\_\_  
(supervisor, secretary, tax collector, auditor)

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ SIGNED \_\_\_\_\_

Return To: Stephen C. Allison, 230 Stahlman Drive, Clarion, PA 16214

Write **NOMINEE** on envelope