



**Prattville-Autauga Character Coalition, Inc.**

**Organization of Character Award**

Please mail or fax this form to:  
Prattville-Autauga Character Coalition, c/o Prattville Area Chamber of Commerce  
131 North Court Street Prattville, Alabama 36067  
Fax: 334-361-1314

**Eligibility Criteria for the Organization of Character Award:**

The business / organization **must be established for a minimum of one year.** They may only win the award once in a 2 year period.

**Please complete the following information related to the nominated organization:**

**1. Business /Organization Name:** \_\_\_\_\_

**Address - Street:** \_\_\_\_\_

**City/St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Owner(s)/Manager/Leader of nominated entity:** \_\_\_\_\_

**2. Type of organization:** \_\_\_Retail/Wholesale \_\_\_Manufacturing \_\_\_Service  
\_\_\_Franchised or Management Cooperative \_\_\_Agriculture \_\_\_Other\_\_\_\_\_

**3. Evaluate the level of Good Character this organization exhibits and explain how this organization recognizes or reinforces good character development.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What character trait(s) does this organization exhibit on a regular basis that you wish to recognize?**

Please name any of its employees that you have encountered exhibiting this trait.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. What impact to enhance the recognition and advancement of good character traits has this organization had within the local community?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The following information is optional:*

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Business Name (if applicable) \_\_\_\_\_

Your Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_