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MANITOBA'S
EXCELLENCE
IN EDUCATION
AWARDS

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SUPERVISOR'S NOMINATION SUPPORT FORM*
for the NELLO ALTOMARE AWARD FOR
EXCELLENCE IN SCHOOL NUTRITION

DOWNLOAD this form and complete it electronically.

SUBMIT the signed form directly to the department by email at excellence@gov.mb.ca, or by mail to:
Manitoba's Excellence in Education Awards, 509-1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3

NOTE: This form is not required if the immediate supervisor provides one of the two nomination letters.

Name of the Nominee: _____

For team nominations, please list the names of all team members above.

CERTIFICATION BY THE SUPERVISOR:

I certify that I have read both nomination letters and have reviewed the completed Award Nomination Form, and

- ☐ declare that, to the best of my knowledge, all information contained in this nomination package **is** truthful, complete, and accurate.
- ☐ declare that, to the best of my knowledge, some information contained in this nomination package **is not** accurate
- ☐ propose some changes outlined below to ensure that the information contained in this nomination package is, to the best of my knowledge, truthful, complete, and accurate.

MODIFICATIONS:

* For the Nello Altomare Award, the superintendent or assistant superintendent must complete this form as the supervisor.

Nomination Package Submission Deadline: December 6, 2026

Confidentiality of information: Please read carefully. Manitoba Education and Early Childhood Learning collects this personal information about nominees under the authority of The Education Administration Act. This information is protected under the privacy provisions of The Freedom of Information and Protection of Privacy Act. It is collected solely for the purpose of administering Manitoba's Excellence in Education Awards and assisting the selection committee in its deliberations.



VALIDATION OF THE NOMINATION:

☐ I **support** the nomination of the nominee or nominated team named above.
(You can use the text field below if you wish to provide information that may complement the nomination texts provided by the nominators.)

☐ I **do not support** the nomination of the nominee or nominated team named above.

COMPLEMENTARY INFORMATION:

Handwritten or certified digital signature of supervisor: _____

Name of Signee: _____ Email*: _____

***NOTE: The department will confirm receipt of the completed form by email to the signee and the nominators.**