

2024 APTA Innovation Award Form

Nominee/Nominator Information

1. Please provide the following information about the public transportation system you are nominating: *

Organization Name

Address

City

State

Zip
Code

Country

2. Please provide the following information for the primary contact person for this award submission: *

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Title	<input type="text"/>
Organization Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Business Phone (xxx-xxx-xxxx)	<input type="text"/>
Cell Phone (xxx-xxx-xxxx)	<input type="text"/>

Criteria

3. Enter the description of the innovative program or project. (500 words maximum)

*

4. Enter a summary of the results received and the positive effect on the organization. (500 words maximum) *

5. Enter a description of its applicability to other systems. (500 words maximum) *

6. Enter a description of how the innovation supports industry goals. (500 words maximum) *

Supporting Documentation

7. Upload **no more than 3** supporting documents here. (i.e., news articles, recommendations, etc.) Do not include videos or embedded links.

Browse...

8. By checking this box, you agree that the information submitted has been reviewed by the head of the transit system and is accurate and verifiable. *

I agree