



Transcona Business Improvement Zone

108 Bond Street
Winnipeg, Manitoba R2C 2L2
Telephone: 204-222-8566
Fax: 204-222-8577

WYATT DOWLING/WAWANESA COMMUNITY WALLS OF FAME

Purpose

The Wyatt Dowling/Wawanesa Walls of Fame, located at the Transcona Centennial Square, have been established as means to posthumously honour those individuals and community organizations that have been instrumental in the development, economic success, education, recreation, spiritualism, political life, and volunteerism of Transcona. The Walls of Fame are a permanent tribute to the great individuals and community organizations that played a significant role in Transcona's success.

Criteria

Applications can be submitted by family and loved ones or community groups and must demonstrate how the nominee meets the following criteria:

1. Ten (10) or more years of significant community service contributions.
2. Had a significant impact on the continuation and/or enhancement of established community programs and/or created new opportunities for the community through new facilities or programs.
3. Had a positive impact on the lives of Transcona citizens.
4. Candidate is recognized posthumously (Individual nominees only).

Procedure for Nominating and Selecting Individuals to be Honoured

1. Nominations shall be submitted in writing on an approved nomination form to the Transcona BIZ office at 108 Bond Street, Winnipeg.
2. Submissions will be accepted from September 1st to December 31st annually.
3. All nominations, whether from an individual or an organization, must include the name and address of the applicant. No anonymous applications will be accepted.
4. Completed nominations that meet all eligible criteria will be forwarded to the Selection Committee for review and fact checking. The Selection Committee will consist of the Transcona BIZ Executive Director, a representative of the Transcona BIZ Board of Directors, a representative from the Transcona Historical Museum, the

Transcona City Councillor as well as a cross section of Transcona Community Organizations.

5. The Selection Committee will consider the criteria outlined above, the written nominations, and form a recommendation to be made to the City of Winnipeg, citing the notable achievements and contributions of the individual or organizations, for approval.
6. Except for the initial inception of the Walls of Fame, no more than three (3) individuals may be inducted into the Wall of Fame in any one year. For the initial inception, up to 12 individuals may be chosen.
7. There shall be no publicity as to the proposed nominees or voting at any time. The only name(s) released to the public shall be those elected to the Walls of Fame.
8. Nominees who are eligible for selection but were not selected will be kept on file for future consideration for a period of three (3) years.

All nomination forms, applicable documentation, and/or photos will become the property of the Transcona BIZ and will not be returned to the Nominator unless specifically requested at the time of nomination. Returned nominations will not be automatically included for future consideration.

Timeline for Submitting Nominations

- Closing date for nominations is December 31st each year.
- Nominations reviewed by Selection Committee by March 31st the following year.
- Nominator/Recipient's family informed by April 1st of each year.
- Nominator/Recipient's family and guests will be invited to Wall of Fame Recognition Event held in late spring in the Transcona Centennial Square.

Recognition

Inductees will receive name recognition on the Wyatt Dowling/Wawanesa Community Walls of Fame located at the Transcona Centennial Square at 135 Regent Avenue West. As well as name, photo and description of their contributions on the Transcona BIZ and The Transcona Historical Museum websites.

The honoree(s) will be publicly recognized at each Wall of Fame Recognition Event moving forward.

Exclusions

Applications that are incomplete or do not meet the criteria will not be accepted.



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WYATT DOWLING/WAWANESA COMMUNITY WALLS OF FAME NOMINATION FORM

SECTION 1 – INDIVIDUAL NOMINEES INFORMATION

If you are nominating a community organization, please move to the next box and continue.

Name:	
Date of Birth:	
Date of Death:	
Former Address:	
Spouse or Family Contact Information:	

COMMUNITY GROUP NOMINEES' INFORMATION

Organization Name:	
Organization Address:	
Organization Phone:	
Organization Website:	

SECTION 2 – CATEGORY UNDER NOMINATION

Select a category for which you feel the nominee has been instrumental in demonstrated community spirit:

- | | |
|---|---|
| <input type="checkbox"/> Business/Development | <input type="checkbox"/> Spiritualism |
| <input type="checkbox"/> Economic Success | <input type="checkbox"/> Political Life |
| <input type="checkbox"/> Education | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Sports/Recreation | |

SECTION 3 – PHOTO

- Please provide a photo of the nominee, if possible. The nominator must receive full rights to grant the Transcona BIZ and the Transcona Historical Museum permission to post the photo solely for use surrounding the Wyatt Dowling/Wawanesa Walls of Fame recognition.

Name (*Printed*): _____ Signature: _____

SECTION 4 – CRITERIA

Please check off and complete the following to demonstration how the nominee has met the nomination criteria.

- Ten (10) or more years of significant community service contributions. Please indicate the years in which they involved in the community: _____
- Had a significant impact on the continuation and/or enhancement of established community programs and/or created new opportunities for the community through new facilities or programs. Please list the ways in which they had a significant impact on the community, including how the nominee’s action benefitted the community? Were people positively affect by their contributions to the community? Did the nominee solve a critical problem or meet a specific need in the community? (*Please use additional paper if needed*)

- ❑ Had a positive impact on the lives of Transcona citizens. Please list the ways that they demonstrated an outstanding contribution to Transcona their accomplishments? Did the nominee dedicate their time and resources to giving back? How did their accomplishments directly contribute to the success of Transcona? *(Please use additional paper if needed)*

- ❑ Individual nominees are recognized posthumously. Please list the date of death:

SECTION 5 – NOMINEES ACCOMPLISHMENTS

Please list the nominee’s accomplishments, any professional awards or other recognition that the nominee has received. Did the nominee demonstrated leadership and help to build a stronger community? Did the nominee make a lasting difference in the community through their work? Was the nominee a role model in the community at the time in terms of their practices? (Please included year of recognition).

Please included any additional information that you think will enhance the application. *(Please use additional paper if needed)*

- Letters of support are encouraged. They can be from dignitaries, neighbours, community groups, anyone that can speak to the positive affect the nominee has had on the community. Please include those with your application.

- Are there old newspaper articles or supporting documents for your application? Please include copies of those with your application form.

Please note that all nomination forms, supporting documentation, and/or photos will become the property of the Transcona BIZ and will not be returned to the Nominator.

SECTION 5 – APPLICATION COMPLETED BY

Name:	
Organization <i>(If applicable)</i> :	
Mailing Address:	
Telephone:	
Email:	

PLEASE DELIVER ALL APPLICATIONS TO:	FOR QUESTIONS, PLEASE CONTACT:
Transcona BIZ 108 Bond Street Winnipeg, Manitoba R2C 2L2 Attention: Wyatt Dowling/Wawanesa Community Walls of Fame Committee	204-222-8566 admin@transconabiz.ca

FOR OFFICE USE ONLY

Date Application Received:	
Application Submitted by:	
Material to be returned to Nominator:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Executive Director Signature:	
Date Submitted to Committee:	
Committee's Decision:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Committee Signature:	
Notice to Applicant:	
Date Plaque Installed at TCS:	