# 

## Phil Kaufman Award Nomination Form Phil Kaufman Award for Distinguished Contributions to Electronic Design Automation Sponsored by the Electronic System Design Alliance and the IEEE Council on EDA

## Award Criteria

The Phil Kaufman Award honors an individual who has had demonstrable *IMPACT* on the field of electronic design through contributions in Electronic Design Automation (EDA). The contributions should fall into any or a combination of the following categories:

* **Business Impact**
* **Industry Direction and Promotion Impact**
* **Technology and Engineering Impact** (Analog & RF, Architecture / Structures / FPGA, Embedded Systems, Formal Verification, Design, DFM, IP, Layout, Simulation, Synthesis, Test, Overall, etc.)
* **Educational and Mentoring Impact**

The Governing Council of the Electronic System Design Alliance and the Board of Governors of the IEEE Council on Electronic Design Automation present the Phil Kaufman Award. It is the continuing policy of the Phil Kaufman Award Sponsors to provide impartiality to all nominees, without regard to race, gender, age, or national origin.

**Nomination Information / Instructions**

### Please complete and email this nomination form to [kaufman\_nominations@esd-alliance.org](mailto:kaufman_nominations@esd-alliance.org) by June 30.

* Length of nomination form should not exceed 8 pages (current page excluded)
* **Attach at least three, and not more than five additional endorsement pages.** (No more than 1 page per endorsement)
* Nominations are active for 3 years. Nominations may be updated and re-submitted for renewed consideration.

If you have questions about the nomination process, email [kaufman\_nominations@esd-alliance.org](mailto:kaufman_nominations@esd-alliance.org) or call the ESD Alliance at +1 408.943.6900.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nominee’s Contact Information** | **Nominator’s Contact Information** | | | |
| **Name:** | **Name:** | | | |
| Title: | Title: | | | |
| Professional Affiliation: | Professional Affiliation: | | | |
| Address: | Phone: | | | |
| Phone: | Fax: | | | |
| Fax: | Email: | | | |
| Email: | How long have you known the candidate and in what capacity? | | | |
| **Nominee’s Education Beyond Twelfth Grade [Honorary Degrees Denoted (H)]:** | | | | |
| **Institution/Location** | | **Degree** | **Year** | **Honors** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

|  |  |
| --- | --- |
| **Proposed Citations / Principal Publications and/or Patents Pertinent to the Achievement (if any):**  (Prefer items of sole responsibility, otherwise give joint names; Please add/remove lines as needed.) | |
| **Author(s):** |  |
| **Date Published / Otherwise Made Public:** |  |
| **Title / Patent Number:** |  |
| **Additional Information / Description:** |  |
| **Author(s):** |  |
| **Date Published / Otherwise Made Public:** |  |
| **Title / Patent Number:** |  |
| **Additional Information / Description:** |  |
| **Author(s):** |  |
| **Date Published / Otherwise Made Public:** |  |
| **Title / Patent Number:** |  |
| **Additional Information / Description:** |  |

**Please Expound on the Nominee’s Contribution(s) in Each Category Below:**

Only describe contributions in those categories in which the nominee had major impact.

### BUSINESS IMPACT (Describe impact – if any – and contribution that led to it):

### INDUSTRY DIRECTION & PROMOTION IMPACT (Describe impact – if any – and contribution that led to it):

### TECHNOLOGY AND ENGINEERING IMPACT (Describe impact – if any – and contribution that led to it):

### EDUCATIONAL AND MENTORING IMPACT (Describe impact – if any – and contribution that led to it):

|  |  |  |
| --- | --- | --- |
| **Other Principal Professional Activities / Honors / Comments that You Feel are Important to Evaluate the Nominee:** (Please add/remove lines as needed.) | | |
| **Activities / Honors** | **Description** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Additional Comments:** | | |

|  |  |  |
| --- | --- | --- |
| **Media Considerations (Optional):**  (Please include any supporting / relevant media pieces that may enhance or assist in further demonstrating aspects of the award criteria – i.e. videos of talks/interviews given with or by the award recipient providing additional descriptions of proposed impact on EDA by, for example, further description of candidate’s technology contribution. Please add/remove lines as needed.) | | |
| **Description** | **Link** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

### Closing Recommendation:

|  |  |
| --- | --- |
| **Date:** | **Signature:** |
| **Submit to:** [kaufman\_nominations@esd-alliance.org](mailto:kaufman_nominations@esd-alliance.org?subject=Phil%20Kaufman%20Award%20Nomination) by June 30, 2022. | |

## Endorsers (no more than one page per endorsement):

### Endorsers should be familiar with the nominee’s achievements and should state specific achievements that qualify the candidate for this award. Endorsers should also include a statement indicating how long they have known the candidate and in what capacity. (Minimum of three supporting letters required; maximum of five permitted. No more than five letters will be reviewed by the Committee. Letters may accompany nomination via separate one page attachments or directly on this form.) \*

\* Note: Once read, endorsement directions may be deleted to make space for the supporting materials.

|  |  |
| --- | --- |
| **1st Endorser’s Contact Information - REQUIRED** | |
| **Name:** | |
| Title: | Professional Affiliation: |
| Phone: | Email: |
| Date: | Signature: |

**Endorsement:**

|  |  |
| --- | --- |
| **2nd Endorser’s Contact Information - REQUIRED** | |
| **Name:** | |
| Title: | Professional Affiliation: |
| Phone: | Email: |
| Date: | Signature: |

**Endorsement:**

|  |  |
| --- | --- |
| **3rd Endorser’s Contact Information – REQUIRED** | |
| **Name:** | |
| Title: | Professional Affiliation: |
| Phone: | Email: |
| Date: | Signature: |

**Endorsement:**

|  |  |
| --- | --- |
| **4th Endorser’s Contact Information – OPTIONAL** | |
| **Name:** | |
| Title: | Professional Affiliation: |
| Phone: | Email: |
| Date: | Signature: |

**Endorsement:**

|  |  |
| --- | --- |
| **5th Endorser’s Contact Information – OPTIONAL** | |
| **Name:** | |
| Title: | Professional Affiliation: |
| Phone: | Email: |
| Date: | Signature: |

**Endorsement:**