

ANNUAL AWARDS

NOMINATION FORM FOR BUSINESSES OR ORGANIZATIONS

Please print this form out! It cannot be sent online.

(Please check appropriate award category and use one form for each nominee. You may photocopy this form.)

Nomination is for the following award (choose only one):

Employer of the Year Award
(fewer than 26 employed)
Employer of the Year Award
(more than 500 employed)

Employer of the Year Award
(26 to 500 employed)
Excellence in Universal Design
and Technology Award

Please answer all questions completely.

Contact name: _____

Business address: _____

City: _____ State: _____ Zip: _____

Business phone: (____) _____

FAX: (____) _____

Type of Business or Service: _____

Social Security Identification or
Federal Tax Identification number: _____

Fill out the following:

1. Describe the nominated business or organization's present and past involvement in areas affecting employment of people with disabilities on the local, state and national levels. This involvement may include hiring, promoting and any other area that can ultimately lead to employing and retaining employees with disabilities.

2. Why do you feel this nominee is worthy of recognition and in what ways are the nominee's achievements outstanding? (Please give specific examples.)

3. Please specify:

Number of employees_____

Number and/or percentage of disabled employees_____

4. Specify how the nominee has demonstrated innovative leadership and excellence beyond normal expectations or legal requirements.

5. List any other relevant information about the nominee not covered under the previous questions.

6. For the Excellence in Universal Design and Technology Award, describe the design that this organization has created or has incorporated within an established business. Please give specific details about the design or technology and how it is being used.

Please furnish the following information for all nominations.

This nomination is submitted by: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

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on Employment of People With Disabilities
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(916) 654-9820 TTY
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