

## Ohio Governor's Council on People with Disabilities

# Advocacy Award

The Ohio Governor's Council on People with Disabilities Advocacy Award (sponsored by the Health and Welfare Committee) will recognize **person(s)** or **group(s)** of people, demonstrating their outstanding contributions to one or more of the populations, served by the Governor's Council on People with Disabilities. It is an annual award that will be presented at the **Annual Awards Ceremony, held on August 20<sup>th</sup>, 2009.**

### Award Components:

The Award will be for a *new initiative* **or** a *significant improvement* (to an existing program) that materially improves the quality of life for one or more individuals with disabilities and requires one or more of the following components:

- Impact laws and/or regulations in a positive manner for the individual or population(s) with disabilities.
- Flexible in its design to allow addressing future needs or newly identified populations of individuals with disabilities.
- Potential to be taught or reproduced across the State.
- Raise public awareness regarding issues related to disability.

### Publicity Seeking Nominations:

1. Solicit nominations from the following sources and others as deemed appropriate:
  - a. General public through newspaper, TV, radio and other commercial communication venues.
  - b. Business Publications (examples: Business First, Columbus CEO, etc.).
  - c. Ohio Chambers of Commerce and local governmental units.
  - d. Members of the Ohio House and Senate and the Ohio members of the U.S. House and Senate.
  - e. The Governor's office.
  - f. The Ohio Rehabilitation Services Commission, Statewide Independent Living Council, Ohio Legal Rights Service Commission, Ohio Developmental Disabilities Council, and various other agencies serving the state.
  - g. Members (and former members) of The Ohio Governor's Council on People with Disabilities.
2. The Governor's Council on People with Disabilities web site will provide:
  - a. Nomination advocacy letter requirements (available with downloadable file).
  - b. Data about the award evaluation process (outlined with downloadable file).
  - c. Information on both current and past winners.

## **Selection Process:**

1. A formal nomination letter **limited to 200 words** (with all necessary supporting documentation) is to be mailed, faxed, or e-mailed to the GCPD office **by May 22nd, 2009**.
2. The letter should contain **ALL** contact data (both for the individual making the nomination and for the nominee; including: name, address, phone, fax, e-mail, etc.); neither the letter nor the supporting data (newspaper articles, certificates, photos, etc.) can be returned to the sender. Please **DO NOT** send original documents.
3. Members of the Health and Welfare Committee will validate the claims of advocacy made in nomination letters. This may include e-mails, phone calls, personal interviews, literature reviews, consultations with outside resources or expert's, require additional written data, etc. to insure the quality and authenticity of the nomination.
4. The evaluation process is to be completed by **June 7<sup>th</sup>** with a unified report to the Health and Welfare Committee members mailed by **July 10<sup>th</sup>** to allow each member time to review each nomination, with supporting materials and the completed written evaluation of each nomination.
5. Each nomination will be ranked on the following items from one (1) **to** five (5) (with 5 being the **highest** score; **a top score of 30 is available** on each nomination).
  - a. Increased public awareness (or laws/regulations) impacted for the issued handled.
  - b. Creative problem solving techniques applied.
  - c. Enhanced quality of life for the individual or the identified group.
  - d. Flexibility of application.
  - e. Ability to reproduce outcome (or action) across the State.
  - f. Size of population being benefited.
6. The Health and Welfare Committee will vote (**by majority**) to determine a **single** winner and the Chair of Health and Welfare will share the winning nomination with the Executive Committee (plus a list of all the nominations).
7. After sharing the winner with the Executive Committee, the proposed winning nomination will be presented to the full GCPD (by the Health and Welfare Chair) for formal approval.

### **Award Delivery:**

1. Following formal Full Council approval, the GCPD staff will petition the Governor for a letter or proclamation of recognition and appreciation and secure an appropriate award as determined by the GCPD Health and Welfare Committee, GCPD, and staff.
2. The staff will issue invitations for the annual Awards Luncheon to the media; award recipient; the Governor's office; members of both the Ohio Senate and the House of Representatives; local governmental units; and other interested parties (as appropriate). Based on the response, the staff will secure an appropriate site for making the award and notify all attending parties of the location.
3. The staff will prepare and distribute a news release (announcing the winner) and seek to obtain publication/recognition in as many venues as possible.
4. Award will be presented jointly by the Highest Level Governmental official available (**and/or** his or her designated representative), plus the Chair of the GCPD Health and Welfare Committee.
5. The Formal Name of the Advocacy Award and the physical appearance of the award to be determined by the Health and Welfare Committee, in consultation with both the GCPD members and staff.

### **Send completed application and essay to:**

**Governor's Council on People with Disabilities  
c/o GCPD Health & Welfare Committee  
400 East Campus View Blvd.  
Mail Station SW5C  
Columbus, OH 43235  
FAX: 614-985-9605  
E-Mail: [Pamela.d.Carter@rsc.state.oh.us](mailto:Pamela.d.Carter@rsc.state.oh.us)**

**Entries must be postmarked, sent electronically, or faxed no later than May 22nd, 2009.**

# NOMINATION FORM

Ohio's Governor's Council on People with Disabilities

## Advocacy Award

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*Name of Advocate:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*Website (if applicable):* \_\_\_\_\_

*Telephone Number(s):* \_\_\_\_\_ (voice)  
\_\_\_\_\_ (other/TTY)

*Address:* \_\_\_\_\_

*City, Zip:* \_\_\_\_\_

*Name of Mayor:* \_\_\_\_\_

*Name of Nominator:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*Telephone Number(s):* \_\_\_\_\_ (voice)  
\_\_\_\_\_ (other/TTY)

*Address:* \_\_\_\_\_

*City, Zip:* \_\_\_\_\_

**Please provide an essay on this advocate (limited to 200 words or less)**

Governor's Council on People with Disabilities  
c/o GCPD Health & Welfare Committee  
400 East Campus View Blvd.  
Mail Station SW5C  
Columbus, OH 43235  
FAX: 614-438-1274

E-Mail: [pamela.b.carter@rsc.state.oh.us](mailto:pamela.b.carter@rsc.state.oh.us)