

Ohio Governor's Council on People with Disabilities

The Public/Non-Profit Best Practices Award

The Ohio Governor's Council on People with Disabilities is seeking nominations for the "Public/Non-Profit Best Practices Award". This award is given out annually to one Non-Profit and one Public Agency, with a successful record of promoting the inclusion of people with disabilities within the community and workforce.

The purpose of this award is to honor the nominee judged to implement innovative and progressive methods of improving the quality of life, for Ohio residents with disabilities. The agencies selected are considered a symbol of all who have significantly contributed to employment opportunities and community involvement for people with disabilities. It is anticipated that their example will inspire others in the State government and Non-Profit Communities to realize ability rather than disability as an important factor in employment and community inclusion.

The Award:

These awards are presented at the Annual Awards Ceremony, of the Governor's Council on People with Disabilities, held in August. Applications are accepted at any time during the year. This year, the application **must be submitted by May 22nd, 2009** to be considered for the **Annual Awards Ceremony on August 20th, 2009**.

The Criteria:

The following are the criteria to be met in making recommendations for the award:

1. All nominees for the Ohio Best Practices Award must be located in Ohio.
2. The nominees must have exhibited outstanding achievements in improving employment opportunities, within their agency, for people with disabilities.
3. The nominees must fit one of the following criteria:
 - a. State Agency
 - b. Federal Agency with a office located within the State of Ohio
 - c. Non-Profit

Note: Agencies and/or organizations with Federal or State provisions/mandates (requiring the hiring of people with disabilities) are exempt from consideration.

Rules for Application Process:

1. A nomination may be submitted by an interested individual, employer, agency or organization.
2. The nomination form must be complete and an essay (**maximum of 250 words**) of the nominee's accomplishments should be attached. **OPTIONAL**: Supporting materials, news clippings, annual reports, photos, and articles may be included; however, additional materials **must not exceed** two (2) pages.
3. If you include a videotape (which **must not exceed 15 minutes**), it can not (and will not) be returned.
4. The following suggestions are offered to assist applicants in developing their summaries. Submissions are **NOT** required to address **ALL** of the areas to be considered for this award.
 - Briefly describe the agency and what it does.
 - How does the agency include individuals with disabilities, in activities and decision making?
 - How many people with disabilities are employed at entry level, management, or upper management positions?
 - Share, with the Council, why you feel this agency should be a recipient of one of these awards.
 - Share the agencies policy on engaging, recruiting, or providing reasonable accommodations to employees (or the public) with disabilities.
 - Briefly describe any practices, within the agency, to reassign or work with employees who have been injured or disabled so they can maintain their employment.
5. Please forward the completed application information to:

Governor's Council on People with Disabilities

Attn: Agency Award, 2009

400 E. Campus View Blvd., SW5C

Columbus, OH 43235-4604

FAX: 614-985-9605

E-Mail: Pamela.B.Carter@rsc.state.oh.us

All nominations must be submitted (either by mail, fax, or sent electronically) by May 22nd, 2009.

NOMINATION FORM

Ohio's Governor's Council on People with Disabilities

Non-Profit/Public Best Practices

Employer Category

___ State Agency ___ Non-Profit
_____ Federal Agency within Ohio

Agency Size

_____ Total Number of Employees
_____ Total Number of Documented Employees with Disabilities
_____ Total Number of Documented Employees with Disabilities and are
Minority

Nominated Public/Non-Profit: _____
Website address (if available): _____
Mission Statement: _____

Non-Profit/Public Contact Person: _____

Title: _____

E-Mail: _____

Telephone Number(s): _____ (Voice)
_____ (other/TTY)

Address: _____

City, Zip: _____

Nominating Sponsor

(if different from above): _____

Title: _____

E-mail: _____

Telephone: _____

Address: _____

City, Zip: _____

This form may be duplicated