Office of Administration
GOVERNOR'S COUNCIL ON DISABILITY

24th Annual Inclusion Award

Nomination Information:

The Governor's Council on Disability's annual Inclusion Award program recognizes and honors a Missouri resident, organization or business that illustrates excellence in leadership for the "best of the best inclusion practices." Individuals are also encouraged to nominate state and local government divisions or universal design/assistive technology that demonstrate excellence in inclusive practices. The winning award and honorable mention will be presented at the 2016 Power Up assistive technology conference.

To enter a nomination, please complete the attached nomination form. Please print or type the information, limiting your narrative to 250 words. Please do not send newspaper clippings, books published, etc. If additional information is needed, a judge will contact you directly. References will be contacted, so please provide us with telephone and e-mail information for them. Deadline for submitting nominations is December 15, 2015. You may submit nominations via e-mail, mail, fax or on the Governor's Council on Disability's website (http://disability.mo.gov/gcd, click on Inclusion Awards). Nominees who have previously won the award are not eligible to win again. Previous years' winners are listed on the website.

Helpful Hints in Nominating:

Be specific and concise. Judges will be looking for exemplary illustrations of how inclusion has worked in your school, place of employment and/or community. Simply holding disability awareness fairs or exposing people to community activities does not exemplify inclusion efforts, unless it is part of a broader strategy showing results.

What is Inclusion?

- A philosophy, not a policy
- A place where EVERYONE belongs
- A place where EVERYONE is accepted
- A place where EVERYONE supports and is supported by their peers and other members of the community
- When EVERYONE, with or without disabilities, are included on an equal basis

Principles of Inclusion:

- Educating all persons with disabilities in their local schools with students who do not have disabilities
- Providing appropriate services and supports within the community, regardless of their complexity
- Receiving job training in regular community settings instead of simulated settings
- Encouraging interactions between persons with disabilities and persons without disabilities
- Understanding and acceptance of individual differences
- Participating in community life
- Being proactive in marketing to people with disabilities in the workforce and customer base

Please submit your completed nomination using one of the following methods:

1. **Mail**

   GOVERNOR'S COUNCIL ON DISABILITY
   301 West High Street, Room 840
   PO Box 1668
   Jefferson City, MO 65102-1668

2. **E-mail**

   E-mail: gcd@oa.mo.gov

3. **Internet**

   Website: http://disability.mo.gov/gcd, click on Inclusion Awards

4. **Fax**

   Fax number: (573) 526-4109

For questions or additional information, please contact the Governor's Council on Disability at (573) 751-2600 or toll-free (800) 877-8249.

All questions on the nomination form must be completed or the nomination will be disqualified. Please use the attached nomination form to provide the information.

Deadline for submitting nominations is December 15, 2015!

Inclusion Awards

Nomination Form

Nominee Information:

First Name Last Name

Organization Nominee represents (if applicable)

Address

City State Zip Code

Phone: (_____)_____ E-mail:

Nomination Questions: **Please limit your response to 250 words**

Describe **how** this individual, business, organization has demonstrated **excellence in** leadership and advocacy by promoting and implementing best inclusive practices in their business, school, and community. (Give examples)

Demonstrate **how** this individual, business, organization advocates for equal participation and justice for the broadened cross disability community. (Give examples)

If applicable, describe **how** universal design and/or technology incorporate their product or design by including people with disabilities. (Give examples)

Nomination Submitted By:

First Name Last Name

Organization Nominator represents (if applicable)

Address

City State Zip Code

Phone: ( ) E-mail:

Verification:

Please provide **three references** to verify the scope and extent of the nominee's activities. References should be familiar with the nominee's achievements, but not a family member or relative of the nominee. The nominator does not count as a reference. Please provide the following information for all references.

Reference 1:

First Name Last Name

Organization Reference represents (if applicable)

Address

City State Zip Code

Phone: ( ) E-mail:

Reference 2:

First Name Last Name

Organization Reference represents (if applicable)

Address

City State Zip Code

Phone: ( ) E-mail:

Reference 3:

First Name Last Name

Organization Reference represents (if applicable)

Address

City State Zip Code

Phone: ( ) E-mail:

Save Print Submit Reset