



31st 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."

The Inclusion Award and one Honorable Mention are presented annually to recognize private and public employers, individuals, and organizations that have successfully included people with disabilities in education, employment, housing, leisure activities, universal design and website accessibility.

To enter a nomination, please complete the attached nomination form. Please print or type the information, limiting your narrative to 500 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 January 31, 2023. 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:

Be specific and concise. Judges will be looking for exemplary illustrations of how inclusion has worked in your school, place of employment, website development, universal design and/or in the 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, is 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 620
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.
Please use the attached nomination form to provide the information.

Deadline for submitting nominations is January 31, 2023!

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:

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 products and features are inclusive and equally accessible for individuals 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 **two 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: _____

Please download/save the PDF to your computer or device and email the nomination form as an attachment to: gcd@oa.mo.gov