

Click the link below to submit your nomination
<https://tinyurl.com/InclusionAward2024>



Governor's Council on Disability 33rd Annual Inclusion Award

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.

Please answer the following questions to submit your nomination.

Nominee Information

First Name

Last Name

Organization nominee represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

Website (if applicable)

Nomination Questions

Nomination Type (select all that apply)

- Individual
- Business
- Educator
- Employer
- Healthcare Provider
- Organization
- School/Educational Institution
- State or local government agency
- Transportation Provider
- Website
- Other

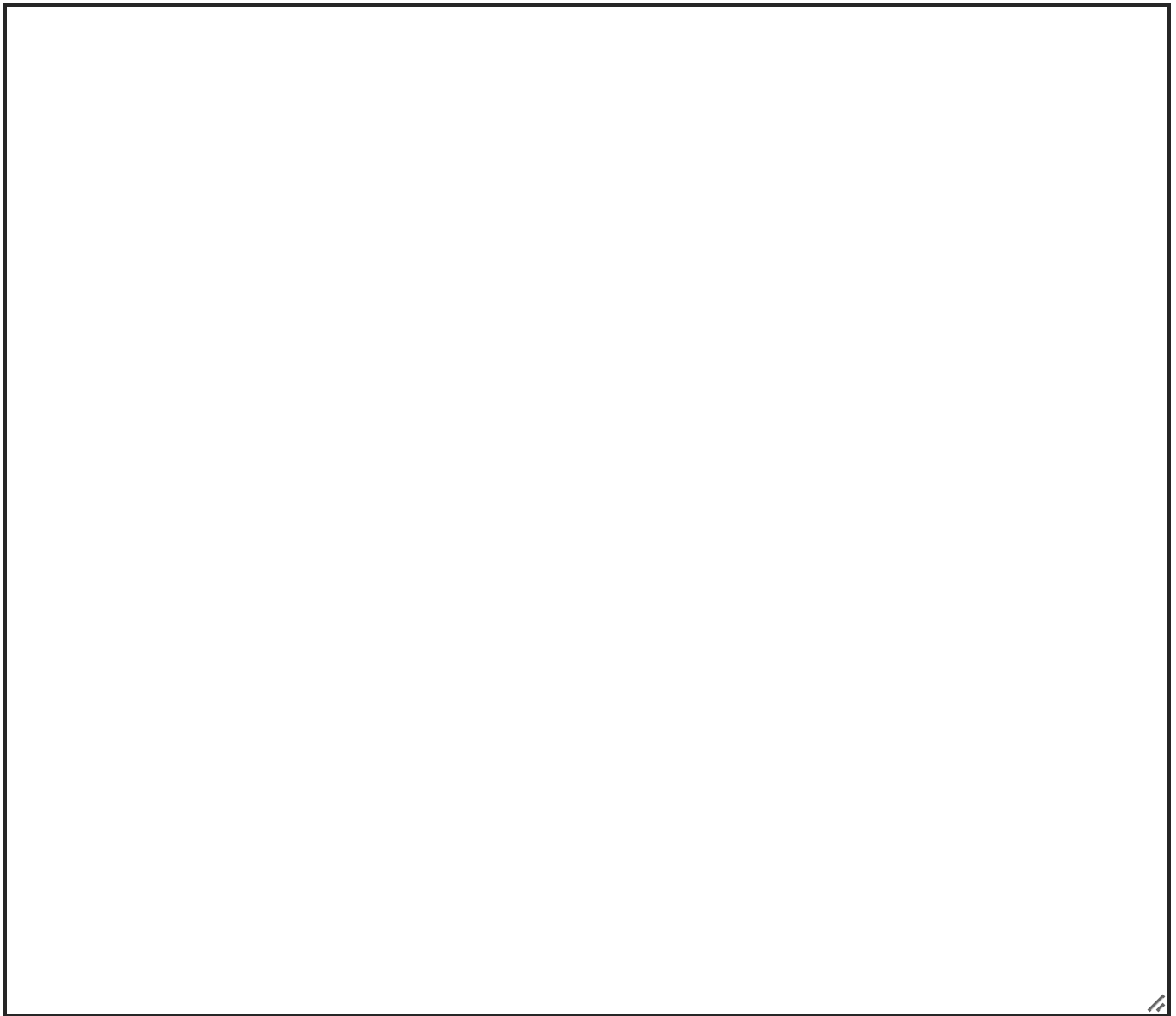
Nomination Essay

Please describe how the nominee has demonstrated excellence in leadership and advocacy by promoting and implementing inclusion.

Demonstrate how the nominee has advocated for equal participation.

Provide examples of the nominee's best practices and outcomes in inclusion efforts.

(The essay can either be typed in the space below, or uploaded as a Word or PDF document. Please limit your essay to 750 words)

A large, empty rectangular box with a thin black border, intended for the user to type their nomination essay. The box is currently blank.

Nomination Essay (attach only if not typed above)

Supporting Document (optional)

Examples: Letter of support, newspaper article or published materials about the nominee

Nominator Information

Nomination submitted by:

First Name

Last Name

Organization nominator represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

References

Please provide two references to verify the scope and extent of the nominee's activities. References must be familiar with the nominee's achievements, but not be a family member or relative of the nominee.

Reference 1

First Name

Last Name

Organization reference represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

Reference II

First Name

Last Name

Organization reference represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

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