



*Recognizing Individuals and Organizations for  
Promoting Employment Opportunities for  
Floridians with Disabilities.*



**Because People Want to Work**

**Download this nomination packet at [www.abletrust.org](http://www.abletrust.org)**

**2007 ABILITY AWARDS NOMINATION PACKET**

Today more than ever, society is recognizing that people with disabilities are valued employees and customers in their community.

The Able Trust's Ability Awards recognizes individuals and organizations that have instituted and promoted best practices toward the employment, independence and service to Florida citizens with disabilities.

# The Able Trust Ability Awards

*Join us for the 2007 Ability Awards, hosted in conjunction with the US Business Leadership Network (USBLN) National Conference.*

**Tuesday, September 25, 2007**

**8:00 - 9:00 a.m.**

**Lake Buena Vista Palace  
Orlando, Florida**

**For More Information:**

888-838-2253 Voice/TDD

[www.abletrust.org](http://www.abletrust.org)



## Organization Award Categories

**Beverly Chapman Award for Outstanding Employment Placement Program**

This award is named for Beverly Chapman, the 1989 Disabled Floridian of the Year, who helped to establish a computer-training program for persons with disabilities at Valencia Community College. Nonprofit, 501(c)(3) organizations that serve Floridians with disabilities and have an existing job placement program in place are eligible for this award. All placements from the program must be making at least minimum wage in a competitive, community employment environment. **The agency recipient will receive a \$500 donation.**

**Employer(s) of the Year**

This award recognizes a Small (1-49 employees), Medium (50-99 employees) or Large (100 + employees) business with an exceptional record of disability friendly practices, including hiring persons with disabilities, making reasonable accommodations and demonstrating efforts beyond simple compliance with state or federal ADA laws.

## Individual Award Categories

### Dr. George L. Spelios Leadership Award

Dr. George Louis Spelios was a founding director and past chair of The Able Trust. As a tribute to his years of dedication and service to Florida's disability community, The Able Trust has established this award in his memory to recognize an Executive Director or President of a Florida 501 (c)(3) disability organization for his or her outstanding leadership and advocacy for Floridians with disabilities at the local and state level. **This recipient will receive a \$500 cash award.**

### The Able Trust Award for Outstanding Entrepreneur

This award will go to a Florida citizen with a documented disability who is 18 years or older and has owned an established business for a minimum of 6 months. *\*Individuals should submit a letter of reference as a supplement to this award nomination form.*

## Nominations

Individuals and organizations can be self-nominated for The Able Trust Ability Awards. Nomination forms should not exceed 2 pages per entry. Entries can be mailed or faxed to The Able Trust by Friday, August 17, 2007. No organization may receive an award more than once in five years.

**For More Information:** Call 888-838-2253 Voice/TDD or visit the website at [www.abletrust.org](http://www.abletrust.org).

### Youth Leader Award

This award recognizes a young adult (age 15-21) with a documented disability who has shown outstanding leadership, community service or advocacy to help advance the efforts or raise positive awareness about Florida's disability community. This youth should serve as a model leader for other young adults with disabilities. **The recipient will receive a \$200 savings bond.**

### Media Representative Award

This award honors an individual member of the media for excellence in producing and/or reporting about people with disabilities in the news media. The individual reinforces the value of people with disabilities in their reporting techniques. *\*Individuals representing radio, television or newspaper (print or online) media are acceptable for this category. If submitting supplemental materials in support of this nomination, video materials should be in VHS or DVD format, audio materials should be in cassette or MP3 format. Supplemental materials will become property of The Able Trust and will not be returned.*

**The nomination deadline is 5:00 p.m. on Friday, August 17, 2007.**

**All entries should be sent to:**

**Ability Awards Selection Committee  
The Able Trust  
106 East College Avenue, Suite 820  
Tallahassee, FL 32301  
850-224-4496 FAX**

Winners of The Able Trust 2007 Ability Awards will be announced on September 25 at the US Business Leadership Network national conference. The conference, **"Building the New Workforce- Inclusion and Innovation"** is the preeminent national event for business, community leaders and BLN chapters that have an interest in hiring, retention and marketing to people with disabilities. This year's event promises to provide informational and educational opportunities of the highest quality.

For details visit The Able Trust's Florida BLN website at [www.floridabl.org](http://www.floridabl.org)



# Beverly Chapman Award for Outstanding Employment Placement Program

## NOMINEE INFORMATION

NAME OF NOMINATED PROGRAM: \_\_\_\_\_ DATE IT BEGAN: \_\_\_\_\_  
AGENCY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NUMBER OF PERSONS PLACED DURING FIRST YEAR OF PROGRAM OPERATION: \_\_\_\_\_  
DURING SECOND YEAR OF PROGRAM OPERATION: \_\_\_\_\_  
DURING THIRD YEAR OF PROGRAM OPERATION: \_\_\_\_\_

## NOMINATION FORM FOR BEVERLY CHAPMAN AWARD

**\*Nominations should not exceed 2 pages.** Please answer all questions completely.  
The agency recipient of this award will receive a \$500 donation.

### Program Information

1. Please describe the program (50 words or less), including what disabilities are served.
2. What criteria are used to determine program eligibility and job availability?
3. How does the program assist employers with making accommodations?
4. How is the program promoted in the community?
5. What support services are available through the program in the first, second and third years of the clients' employment?
6. Please describe any public and/or private partnerships that make your program possible.

### Participant/Placement Information

1. What types of positions have been filled by program participants?
2. What is the current average wage of program participants?
3. What is the average length of employment for participants?
4. Please share a list of advances made by participants since beginning work, such as promotions, honors, benefits gained or other specific employee milestones.
5. How can this program be replicated by other groups/businesses?

### Nominating Sponsor Information \*Self nominations are acceptable

CONTACT NAME: \_\_\_\_\_  
AGENCY/ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



# Employer of the Year Award

## NOMINEE INFORMATION

COMPANY NAME: \_\_\_\_\_  
 NAME OF MANAGER/DIRECTOR: \_\_\_\_\_  
 TYPE OF BUSINESS OR SERVICE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Please Check the Appropriate Categories

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> SMALL (1 - 49 EMPLOYEES)   | <input type="checkbox"/> PRIVATE SECTOR | <input type="checkbox"/> CORPORATE |
| <input type="checkbox"/> MEDIUM (50 - 99 EMPLOYEES) | <input type="checkbox"/> PUBLIC SECTOR  |                                    |
| <input type="checkbox"/> LARGE (100 + EMPLOYEES)    | <input type="checkbox"/> NOT FOR PROFIT |                                    |

## NOMINATION FORM FOR EMPLOYER OF THE YEAR

**\*Nominations should not exceed more than 2 pages.**

Please explain why you feel this nominee is worthy of recognition and in what ways are the nominee's achievements outstanding?

Examples may include: how the nominee meets the needs of employees and customers with disabilities in terms of accommodations and accessibility in and around the place of business; how the nominee has made a commitment to promote positive awareness among its employees; and/or how the nominee has made a commitment to hire persons with disabilities or aid employees with disabilities to further their careers. Keep in mind that the business should have demonstrated efforts beyond simple compliance with state or federal ADA laws.

### Nominating Sponsor Information \*Self nominations are acceptable

CONTACT NAME: \_\_\_\_\_  
 AGENCY/ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# Media Representative Award

## NOMINEE INFORMATION

NAME OF NOMINATED INDIVIDUAL: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Please indicate the media industry in which the nominee is employed:  RADIO  TELEVISION  NEWSPAPER (PRINT/ONLINE)

## NOMINATION FORM FOR MEDIA REPRESENTATIVE AWARD

**\*Nomination forms should not exceed 2 pages.** Please describe how the nominee has raised public awareness about disability issues and how the nominee focuses on the abilities, empowerment and inclusion of individuals with disabilities when reporting a story.

### Nominating Sponsor Information \* Self nominations are acceptable

CONTACT NAME: \_\_\_\_\_  
 AGENCY/ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# The Able Trust Award for Outstanding Entrepreneur

## NOMINEE INFORMATION

NAME OF NOMINATED INDIVIDUAL: \_\_\_\_\_  
NAME OF INDIVIDUAL'S BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DATE BUSINESS BEGAN: \_\_\_\_\_  
THE BUSINESS IS A (CHECK ONE):  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

## NOMINATION FORM FOR OUTSTANDING ENTREPRENEUR AWARD

**\*Nominations should not exceed 2 pages.** Please submit a letter of reference in conjunction with your nomination form. Please answer all questions completely.

### Business Information

1. Describe the type of business (50 words or less).
2. Describe growth or expansion of the business since its inception.
3. Have you hired persons with disabilities? Would you do so in the future?
4. What plans do you have for the future of your business?
5. What makes your business successful?

### Individual Information

1. Describe your educational background, including any specific training you received for this business?
2. Please tell us about your community involvement, including participation with disability-related organizations.
3. What steps have you taken to overcome any obstacles in your business?
4. How has the success of the business helped you become financially independent?

### Nominating Sponsor Information \* Self nominations are acceptable

CONTACT NAME: \_\_\_\_\_  
AGENCY/ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# Youth Leader Award

## NOMINEE INFORMATION

NAME OF NOMINATED INDIVIDUAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## NOMINATION FORM FOR YOUTH LEADER AWARD

**\*Nominations should not exceed 2 pages.** The recipient of this award will receive a \$200 savings bond.

Please explain why you feel this nominee is worthy of recognition and in what ways are his or her achievements outstanding? Examples may include: how the nominee has participated in disability events, advocacy efforts, community service or other activities that promote positive awareness about persons with disabilities. Keep in mind that this youth should serve as a model to other young adults with disabilities.

### Nominating Sponsor Information \* Self nominations are acceptable

CONTACT NAME: \_\_\_\_\_  
AGENCY/ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# Dr. George L. Spelios Leadership Award

## NOMINEE INFORMATION

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
AGENCY/ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
YEARS OF EMPLOYMENT: \_\_\_\_\_

### **\*Nominations should not exceed 2 pages.**

As a tribute to his years of dedication and service to Florida's disability community, The Able Trust has established the **Dr. George L. Spelios Leadership Award** in memory of Dr. Spelios, who was a founding director and chair of the Foundation. This award will recognize an Executive Director or President of a Florida 501 (c)(3) disability organization for his or her outstanding leadership and advocacy for Floridians with disabilities at the local and state level.

Nominations should include 2 letters of support for the nominee from individuals not employed by his or her organization (Volunteer board members, community organization leaders, local or state legislators or others who can speak to the nominee's broad leadership abilities should be considered for providing letters of support.)

Please answer all questions completely.

1. Describe this nominee's leadership abilities within his or her organization.
2. Describe innovative programs established under this nominee that have led to enhance quality of life opportunities for Floridians with disabilities.
3. Describe the nominee's past and present involvement in the advancement of important issues for Floridians with disabilities, such as employment, ADA, community services, education, healthcare, housing, transportation, recreation, etc.
4. Describe how this nominee has championed efforts to enhance quality of life opportunities for Floridians with disabilities at the local and/or state level.
5. Indicate the years of service that the nominee has dedicated to advancing opportunities for Florida's disability community.

**All nominations are due by 5:00 p.m. on Friday, August 17, 2007.**

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Tallahassee, FL 32301  
888-838-2253 TOLL-FREE  
850-224-4496 FAX**



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 September 25, 2007  
 Lake Buena Vista Palace in Orlando

**Visit [www.abletrust.org](http://www.abletrust.org) for more information**

**Save the Date!**

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 106 E. COLLEGE AVENUE, SUITE 820  
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