

**2019 Disability:IN Inclusion Awards**

**Employer of the Year Nomination**

**THE DEADLINE FOR NOMINATIONS IS**

**FRIDAY, NOVEMBER 22, 2019**

The Employer of the Year award recognizes a company for exemplary policies, strategies and initiatives that have resulted in measurable results in the areas of disability inclusiveness in the workplace, marketplace, accessibility, and supply chain.

**Requirements for All Categories**

A company must be a corporate partner of Disability:IN to be considered for this award.

Companies must self-nominate. The nomination must be submitted by or on behalf of the company’s headquarters and be based on the achievements, policies and practices of the company and not on one branch or unit.

The company must have received an 80 or above on the 2019 Disability Equality Index to be considered for this award.

Note: Employer means all employers except non-profit service providers and government agencies.

**\*If your company has received this award within the past 3 years your company is not eligible to apply.**

**Please note that if your nominee is selected to receive this award, you will be asked to submit photos and/or videos to Disability:IN for use in an introductory video that will be shown during the award presentation at the** [**2020 Disability:IN Annual Conference and Expo in Orlando, July 13 – 16.**](https://conference.disabilityin.org/) **These visuals will need to be submitted 4 weeks after notification. Will you be able to do this? Yes \_\_ No\_\_**

**Please complete the nomination form in its entirety:**

1. Company Name:
2. If your company has a global presence, please describe those disability inclusion initiatives. Links to supporting information are encouraged. This question is not rated.

4. Contact information of primary company representative to be notified:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell Phone |  |
| Email |  |
| Website |  |

5. Contact information of a secondary company representative to contact:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell Phone |  |
| Email |  |

6. Contact information of person responsible for completing the nomination form:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell Phone |  |
| Email |  |

7. Contact information for your company’s communication person:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell Phone |  |
| Email |  |

8. Please provide an overview of the company including founding date, type of industry, mission statement, headquarter city and state, whether it is regional, national or multi-national, number of employees in the U.S. and number of employees outside the U.S. (500 words or less)

9. Please describe what the company has done to publicize its commitment to full inclusion of people with disabilities both internally and externally, (e.g., CEO statement on the intranet and/or internet, CDO chairs meetings with sector managers on inclusion initiatives, etc. Please provide a specific example(s) of these initiatives and their results. **Links to supporting information are encouraged.** (1,000 words or less) 35 points

10. Please describe what the strategies, initiatives, policies, programs and plans that the company has taken to advance inclusion of people with disabilities across the enterprise in the areas listed below. Please describe your company’s measurement tools and/or provide as many metrics as possible to support your descriptions. **Links to supporting information are encouraged.** (2000 words or less – note: it is not expected that each of the 5 areas will be equally supported; judging will be on the response as a whole) 50 points

* Recruiting and Onboarding
* Retention & Career Advancement
* Inclusive Information & Communication Technology
* Knowledge Sharing with Disability:IN Corporate Partners or Collaborating or Mentoring other Companies

11. Please describe your company’s promising practices and innovations in disability inclusion. Tell us where your company has perhaps taken a risk or tried something new, and tell us what you learned. **Links to supporting information are encouraged.** (1,000 words or less) 15 points

12. Please provide 2-3 examples of best practices in disability inclusion that your company is proud of.

**Please do not include any attachments. You may include links in your narrative to supporting information.**

**PLEASE DO NOT CONVERT FORM TO PDF - submit your electronic nomination to:** [**Jordan@disabilityin.org**](mailto:adele@disabilityin.org)

**General questions about this submission should be directed to Jordan Krug at** [**Jordan@disabilityin.org**](mailto:brian@disabilityin.org)**.**

Award recipients will be selected by committee and will be recognized and receive their awards during the 2020 Disability:IN Annual Conference and Expo in Orlando, July 13 – 16. Please note that late nominations will not be accepted.

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***Thank you for submitting your nomination to the***   
***2020 Disability:IN Inclusion Awards!***