

**2024 Disability:IN Inclusion Awards**

**Affiliate of the Year**

**Award Nomination Form**

**THE DEADLINE FOR NOMINATIONS IS**

**FRIDAY, NOVEMBER 17, 2023**

The Affiliate of the Year Award honors an outstanding Disability:IN Affiliate that has demonstrated exemplary efforts in promoting the vision, mission, and spirit of Disability:IN. As a result of this Affiliate’s efforts, employers and their communities understand, utilize, and benefit from the valuable resources that people with disabilities present in the workplace, supply chain and marketplace. Self-nominations are encouraged.

**Please note that if your company is selected to receive this award, you will be required to attend the 2024 Disability:IN Global Conference and Expo in Las Vegas, July 15 – 18 to accept your award.**

**\*If you have received this award within the past five years you are not eligible to apply. Your Affiliate must be three years old to receive this award.**

**Award Criteria:**

* An Affiliate is a recognized Affiliate of Disability:IN who is in GOOD STANDING with Disability:IN. The requirements to be in GOOD STANDING include the following:
* Non-profit status required: Operating as either a 501(c)(3) or having a documented fiscal sponsor with a signed MOU in place.
* Completed and signed Affiliate Agreement. Submitted a 2022 Annual Report/supporting documents.

**Please complete the nomination form in its entirety and include a roster of your voting Affiliate board members/steering committee with titles and companies represented.**

1. Organization Name:
2. Contact information for the primary person to be notified:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell |  |
| Email |  |
| Relationship to affiliate |  |

1. Contact information of a secondary person to contact:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell |  |
| Email |  |
| Relationship to affiliate |  |

1. Contact information of the person completing the nomination form:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| Phone |  |
| Cell |  |
| Email |  |
| Relationship to affiliate |  |

1. Please provide an overview of the affiliate including founding date, mission statement, strategic goals for calendar year 2023, and number of partners. (500 words or less)
2. Please describe the initiatives and programs the affiliate has implemented in calendar year 2023 to promote inclusive and equitable businesses for all. Please describe your affiliate’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) 60 points
3. Please provide 2-3 examples of how your affiliate has helped businesses in your community to achieve disability inclusion and equality. Links to supporting information are encouraged. (1,000 words or less) 25 points
4. Please describe how your affiliate has demonstrated exemplary efforts in promoting the vision, mission, and programs (i.e., Accessibility, Disability Equality Index, NextGen Leaders, Supplier Diversity) of Disability:IN. (500 words or less) 15 points

**PLEASE DO NOT CONVERT FORM TO PDF. Submit your electronic nomination, your voting public board/steering committee member roster and any supporting documents to** [**awards@disabilityin.org**](mailto:awards@disabilityin.org)

Award recipients will be recognized and receive their awards during the 2024 Disability:IN Global Conference and Expo in Las Vegas, July 15 – 18. Please note that late nominations will not be accepted.

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