



**New York State
Honors Employers during
National Disability Employment Awareness Month
- October 2020 -**

NOMINATION FOR EMPLOYER RECOGNITION

~~DUE, June 26th, 2020~~**

Nominee Data						
NOMINEE'S BUSINESS OR CORPORATE NAME (If nominee is an individual, include title, such as Mr., Ms., Dr.)						
STREET ADDRESS (As appropriate, include building name, room or suite number, or mail stop)						
CITY, STATE, ZIP CODE plus ZIP4					COUNTY	
CONTACT PERSON FOR NOMINEE		AREA CODE/TELEPHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS
FEDERAL IDENTIFICATION NUMBER - <i>This is a nine-digit number.</i> <i>It must be included for the nomination to be reviewed and considered.</i>						
Nominator Information						
PERSON SUBMITTING THIS NOMINATION:						
ORGANIZATION:						
DATE:						
AREA CODE & TELEPHONE NUMBER:						
E-MAIL ADDRESS:						
Nomination Category						
Employer with 500 or more employees <u>Working at Site</u>	Employer with 100 to 499 employees <u>Working at Site</u>	Employer with 25 to 99 employees <u>Working at Site</u>	Employer with 24 or fewer employees <u>Working at Site</u>	Entrepreneur with a disability	Efforts made to accommodate employees during COVID-19	Youth Employment Under 24 y/o
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nomination Criteria Categories

To be nominated, an employer or individual must meet one or more of the criteria listed below. Check as many as are applicable and, **on a separate page, include statements justifying and describing how the nominee meets each criterion you checked. (Please attach your justifying information to this form, typed and limited to two pages)**

Your justification must provide outstanding [see rubric for examples] efforts made by the employer to hire qualified applicants including details about numbers employed, description of innovations made by**

the business, types of and/or the high level of commitment demonstrated in providing accommodations and career advancement opportunities provided over time. Describe how this employer has gone above and beyond what is required by law. For an entrepreneur, the nomination should describe the achievements of the individual and the impact on the business community, etc. Regional Award winners will be in competition with other Regional winners in each nomination category for Statewide Awards.

- ☐ Interagency involvement including the Regional Employment Alliance (Adult Career and Continuing Education Services-Vocational Rehabilitation, Commission for the Blind, New York State Department of Labor, Empire State Development) and/or other local or regional groups [e.g., Local Workforce Investment Board/One Stops, Job Service Employer Committee, Chamber of Commerce] in initiatives to identify and develop increased employment opportunities for qualified persons with disabilities.
- ☐ Special efforts to reasonably accommodate qualified applicants and employees with disabilities.
- ☐ Special efforts to attract qualified employees with disabilities through creative and innovative outreach activities.
- ☐ Implemented a successful program to provide career opportunities for qualified employees with disabilities, including adults or transitioning youth up to age 24.
- ☐ ENTREPRENEURS ONLY. Individuals with a disability who have achieved success in their chosen career field.
- ☐ Extraordinary efforts to maintain employment, continue employees with disabilities on their payroll and/or additional supports provided to their workforce during the COVID-19 pandemic.

Nominations must be submitted by COB ~~June 26, 2020~~ to your local designated ACCES-VR contact below:

Buffalo
Dennis Martinez
Regional Workforce Development
Coordinator
ACCES-VR
Buffalo District Office
508 Main Street
Buffalo, NY 14202
716-848-8015
Dennis.Martinez@nysed.gov

For additional **Nomination for Employer Recognition** applications or information, please go to

<http://www.acces.nysed.gov/vr/ndeam>
or contact your local ACCES-VR Office

~~DUE JUNE 26, 2020~~

**Please complete the REQUIRED CHECKLIST of QUESTIONS
for ANY NOMINATION**

☒ Please check the box that most closely answers the question.

Each question must be answered.

Thank you.

1) How old is your business partnership with this employer?

- ☐ 1 year old
- ☐ 2 years old
- ☐ 3 years old
- ☐ 3 to 5 years old
- ☐ 5 to 8 years old

- ☐ More: please provide the number of years: _____
☐ Not applicable

2) How many individuals has this employer hired from your agency over the course of your relationship?

- ☐ 1 individual
☐ 2 individuals
☐ 3 individuals
☐ 4 to 6 individuals
☐ 7 to 10 individuals
☐ 10 or more individuals
☐ More: please provide the number of employees hired _____
☐ Not applicable

3) Does your employer participate in a Preferred Source Program (NYSID or SourceAmerica)?

- ☐ Yes
☐ No

4) Please check off any and all **OUTSTANDING practices** this employer has asked you to provide to their workforce?

- ☐ We have provided ADA training to this employer based on their request
☐ We have provided Disability Etiquette Training to this employer based on their request
☐ We have provided Job Retention Services to a valued employee(s) based on their request.
☐ Other [please explain]

- ☐ Not applicable

5) Please check off any and all **OUTSTANDING methods** implemented by this employer to recruit, attain and maintain a diverse workforce:

- ☐ The employer works with “you” to establish natural supports for individuals? Please explain what natural supports are provided (e.g., buddy system, mentor, transportation, etc.).

- ☐ The employer created a work/life balance (example, offering nontraditional work schedules such as compressed work week, telecommuting and/or flex time). Please explain:

- ☐ Other? Please explain:

6) This business has established an intern/extern program to “grow” a workforce that meets their needs.

- ☐ Yes
☐ No

7) This business has established opportunities to foster job/career advancement, by offering challenging experiences/slowly but surely increasing work responsibilities.

- ☐ No
☐ Yes, please explain:

*****Please remember - on a separate page, include statements justifying and describing how the nominee meets each criterion you checked. (Please attach your justifying information to this form (or email both), typed and limited to two pages)**