



ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

2015 Business Nomination Form

Please read and follow the instructions provided to nominate a business for a Works For Me Award. Nominations may be submitted by secure e-mail, regular mail, by fax or in person, but must be received by your DDRO Works For Me contact person by May 15, 2015. Please provide detailed specifics to strengthen your nomination.

I. Person/Agency Making Nomination:

Name of Person/Agency making nomination

[Empty text box for Name of Person/Agency making nomination]

Address of Person/Agency making nomination

[Empty text box for Address of Person/Agency making nomination]

Telephone (Include area code)

Email Address

[Empty text box for Telephone with () placeholder]

[Empty text box for Email Address]

What is your role related to the person/business being nominated?

[Large empty text box for role description]

II. Nominated Business Information:

Business Name

Business Address

[Empty text box for Business Name]

[Empty text box for Business Address]

Contact Person at the Business

Business Email Address

Business Telephone

[Empty text box for Contact Person at the Business]

[Empty text box for Business Email Address]

[Empty text box for Business Telephone with () placeholder]

Number of Employees

Number of Employees with a Developmental Disability

Enter Business FEIN number

- Less than 25, 25 - 99, More than 100

[Empty text box for Number of Employees with a Developmental Disability]

[Empty text box for Enter Business FEIN number]

Please explain how the business makes it easy to work with them to assist individuals to become employed.

Describe the nature of the business.

Describe how the employee's work has contributed to the success of the business

Direct Supervisor of Employee

Job Coach/Supported Employment Agency Representative

Is there anything else you wish to share about the business that would strengthen this nomination?

III. Employee Information:

NOTE: Only one employee may be included for each nomination. The person's OPWDD eligibility for services will be verified by the Regional Office. The vetting process may also include a visit to the work location by OPWDD staff.

Employee Name

Employee Home Mailing Address

Employee Email Address

Employee Home Phone (with area code)

Length of time employed by this company

Hours worked per week

 Years and months

Employee Job Title

Describe the employee's work responsibilities including any that allow for creativity or problem-solving:

Describe how this person has become a valued member of the business' workforce:

Describe how having a job has changed this person's life

Is there anything else you wish to share about the individual that would strengthen this nomination?

IV. Attestation:

I understand that the information provided on this nomination is subject to verification by OPWDD.

Signature of Person Submitting Nomination

Title

Date Completed