

**The 23rd Annual
Washington State Governor’s
Employer Awards Program**

*Presented by:***Governor’s Committee on Disability Issues & Employment**

*Partnering with:*
**Washington State Business Leadership Network**

*Primary Sponsor:*
**Washington State Division of Vocational Rehabilitation**

*Hosted by* **Microsoft**

**The Governor’s Employer Awards Program recognizes:**

* **Public, Private and Non-Profit Employers** for their efforts to recruit, hire, and promote individuals with disabilities.
* **Employers supporting youth** through employment preparation and job skills training for youth with disabilities.
* **An individual with a disability** who has significantly enhanced the empowerment of people with disabilities through employment, public service, advocacy, and other avenues.

The nomination deadline is **September 15th, 2015**

Electronic applications should be submitted to [**http://tinyurl.com/2015-gov**](http://tinyurl.com/2015-gov)

Award celebration will be held on **October 30th** at the Microsoft Conference Center

**About the GCDE:** The Governor’s Committee on Disability Issues and Employment, which administers the Governor’s Employer Awards Program and other activities, provides statewide advocacy and leadership to empower the disability community to obtain equality of opportunity and maximum independence.

For more information on the GCDE and the Governor’s Employer Awards Program, contact Conrad Reynoldson at (425) 728-8133 or email conrad3445@gmail.com.

**About the WSBLN:** The Washington State Business Leadership Network (WSBLN) is a network of employers and service providers who educate and support businesses to recruit, hire, retain, promote and improve customer service for people with disabilities.

For more information on the WSBLN contact Erin Colwell at (253) 661-7805 ext. 7042 or erin.colwell@orionworks.org.

**Please Note:** To request an application in alternate formats, please contact Melinda Johnson, (509) 482-3854 or email: GCDEawards@esd.wa.gov.

**2015 Governor’s Employer Nomination Instructions**

**Requirements:**

All employers considered for these awards must employ workers with disabilities that are paid at least the Washington State minimum wage of $9.47 or higher and are eligible to receive employee benefits as other similarly situated employees.

Award nominators are responsible for submitting accurate and complete information.

The nomination packet must include all of the requested information to be considered a completed application. Incomplete nomination packets will not be considered for judging. The nomination deadline is **September 15th, 2015**.

* Nominators must submit 1 – 3 photos and a signed release form (see page 9) giving us permission to use the photos in our program and marketing materials. Photos and signed releases should be emailed to GCDEawards@esd.wa.gov.
* Please do not disclose confidential or personal information about the nominees, especially details about medical conditions that must remain private to comply with regulations (e.g. the Health Insurance Portability and Accountability Act - HIPAA).

**Nominations can be submitted:**

Online at: <http://tinyurl.com/2015-gov>

Mailed to: Governor’s Employer Awards Program
GCDE S
PO Box 9046
Olympia, WA 98507-9046

**Please Note:** Nominations should be typed or printed legibly to be considered.

**2015 Governor’s Employer Nomination Instructions**

**Suggestions:**

* Discuss and review your nomination with the employer to ensure you are including all of the information that supports your nomination.
* Have your materials prepared and saved in a Word document and available on your desktop to submit the online application.
**Please Note:** The online application cannot be saved. You will need to submit a completed application in a single attempt.
* The Selection Committee is relying on your words and examples to learn more your nominee’s attributes and contributions. They may not know anything about your nominee therefore providing detailed information is key to a successful application.
* Giving specific and detail examples about your nominee will help the selection committee better understand why your nominee should be awarded.
* Testimonials from employees or customers with disabilities are encouraged.

**Awards Nomination Process:**

An individual, business, agency or organization may submit nominations for themselves or others. Nominations should include specific detailed information about the nominee answering the outlined criteria. Judging is conducted solely on the information provided in the nomination packet.
**Please Note:** Videos will not be accepted as part of the nomination materials.

**Selection Process:**

A distinguished panel of professionals consisting of the Governor’s Committee Members, previous award winners and business representatives will select the award recipients.

**Category Information**

*Private Employers* generate revenues from the services and products they provide.

*Non-Profit Employers* are registered with the state and maintain 501(c)(3) certification.

*Public Employers* are federal or governmental entities (city, county, state or municipality) whose revenues are derived from public support, i.e. taxes.

*Youth Employers* are any private, non-profit or public employers that sponsor programs or events that promote employment preparation and job skills training for youth with disabilities.

*Governor’s Trophy in Memory of Carolyn Blair Brown* is for an individual with a disability who has significantly enhanced the empowerment of individuals with disabilities in the community and workforce.



**2015 Governor’s Employer Awards Program Nomination Form**

**Please select only ONE from the nominee categories below:**

**Private Employer Non-Profit Employer Public Employer**🞏 Small (25 or less employees) 🞏 Small (25 or less employees) 🞏 Federal
🞏 Medium (26-249 employees) 🞏 Medium (26-249 employees) 🞏 State
🞏 Large (over 250 employees) 🞏 Large (over 250 employees) 🞏 Local

**Youth Employer Governor’s Trophy**🞏 Youth Employer Award 🞏 Governor’s Trophy *in Memory of Carolyn Blair Brown*

**Award Nominee Information:**

Organization/Individual Name:

Contact Person Name:

Contact Person Phone Number:

Contact Person Email Address:

Nominee Mailing Address:

**Nominator Information:**

Nomination Submitted by Name:

Nominator’s Organization:

Relationship to Nominee:

Nominator’s Phone Number:

Nominator’s Email Address:

By submitting this nomination I attest that all of the information I am providing in this nomination form is accurate and complete. I have obtained the necessary permission and releases for the information and photos being submitted. I also understand the information I am providing may be used for local, state or national publicity.

**Signature: Date:\_\_\_\_\_\_\_**

**Governor’s Employer Awards Employer Criteria**

All questions must be answered in order for the application to be complete. The nomination narrative may not exceed six pages. The packet may include letters of endorsement or other supporting documentation. We understand there may be overlap in the responses provided below.

**Please Note:** All employers considered for these awards must employ workers with disabilities that are paid at least the Washington State minimum wage $9.47 or higher and are eligible to receive employee benefits as other similarly situated employees.

**For the Governor’s Employer Awards Nomination; please provide a narrative or bulleted list for the following:**

1. Explain how the organization has been creative or innovative in their activities that expand capacity or build on successful practices to recruit and hire people with disabilities.
2. Describe the nominee’s practices to retain and promote individuals with disabilities in their workforce and in their management teams, such as regular pay increases, additional work hours, increased work responsibilities and promotional opportunities for leadership positions.
3. Describe the organization’s practices to involve employees with disabilities in the informal/social aspects of workplace culture, foster natural supports, and create an inclusive environment.
4. Describe the nominee’s efforts and practices to make workplace accommodations for customers or employees with disabilities. Some examples include: acquisition of adaptive technology or equipment, facility modifications, job sharing, providing alternate or extra supervision, special training, or collaboration with job coaches or service organizations.
5. Please provide the nominee’s total number of employees and the number of employees who have disabilities currently on staff. If the nominee is an Ability One Program or has a grant or contract related to hiring or training people with disabilities, please describe.
6. Feel free to add any information about other programs, procedures, processes, practices, attitudes or any other information about the employer that you feel is relevant to your nomination for the Governor’s Employer Award.

**Governor’s Employer Awards Youth Employer Criteria**

All questions must be answered in order for the application to be complete. The nomination narrative may not exceed six pages. The packet may include letters of endorsement or other supporting documentation. We understand there may be overlap in the responses provided below.

**For the Governor’s Youth Employer Award Nomination; please provide a narrative or bulleted list for the following:**

1. Describe the nominee’s efforts and practices to sponsor programs or events and supporting activities that promote the employment preparation and job skill training for youth with disabilities.
2. Describe the nominee’s efforts to provide opportunities for work experience, internships, student transition programs, mentoring events and job shadowing for youth with disabilities.
3. If applicable, describe the employer’s success in hiring youth with disabilities in completive employment. (Provide as many specific examples as you can.)
4. Feel free to add any information about other programs, procedures, processes, practices, attitudes or any other information about the employer you feel is relevant to the nomination for the Governor’s Youth Employer Award.

**Governor’s Trophy Award Criteria**

Governor’s Trophy Award *in Memory of Carolyn Blair Brown* is reserved for a Washington resident with a disability who has significantly enhanced the empowerment of individuals with disabilities in the community and workforce.

All questions must be answered in order for the application to be complete. The nomination narrative may not exceed six pages. The packet may include letters of endorsement or other supporting documentation. We understand there may be overlap in the responses provided below.

**For the Governor’s Trophy Award Nomination; please provide a narrative or bulleted list for the following:**

1. Please provide an overview summary of why the individual deserves to be nominated for the Governor’s Trophy in Memory of Carolyn Blair Brown.
2. Describe the nominee’s volunteer/community service including length of service and an estimated number of hours of service.
3. List any recognition this individual has received from other organizations with specific award name, date and the reason they received the recognition.
4. Describe the nominee’s dedication and actions on disability issues. Dedication and or actions need to go beyond the paid work experience. For example, if the person you are honoring is employed is the disability industry then we are interested in hearing about their activities and dedication that goes beyond the scope of their paid position.
5. Explain how this individual has made positive changes in the disability community at local, state and/or national levels.

**GCDE Publication, Video, Website Consent and Release Agreement**

Governor's Committee on Disability Issues and Employment (GCDE) employees and members of the public are occasionally asked to be a part of GCDE’s publicity, publications, and/or public relations activities, which may include representation in the media. This signed form indicates agreement that the subject’s name, picture, art, written work, voice, verbal statements and/or portraits (video or still) may appear in the department’s publications, videos and/or website, or in print, social or broadcast media. These images may or may not personally identify the subject. The subject also agrees that:

* No money shall be paid.
* Consent and release have been given willingly.
* The name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used in the future.

GCDE, agrees that the subject’s name, picture, art, written work, voice, verbal statements and/or portraits (video or still) shall be used only for public relations, public information, event or project promotion, publicity and instruction. If the subject or, in the case of a minor child, parent or guardian wish to rescind this agreement, he or she may do so at any time with written notice.

**Agreement**

I authorize the GCDE to use my name, voice, verbal statements, and/or any photographs, film, digital recording or videotape that may contain my likeness, for publicity or informational purposes. This includes the editing, duplication, reproduction, copyright, representation in the media, exhibition, broadcast, posting on GCDE’s website, and/or other non-profit use and distribution of such photographs for purposes deemed suitable by GCDE, unless I make my wishes to the contrary known. I understand that my image or information that I provide may be used without my review.

**Subject (print name)**

**/        /
Date**

**Signature of subject**

**-            -
Phone number**

If subject is a minor child (less than 18 years old), complete the following section.

**\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_Guardian (print name)
                                              Signature of guardian

Minor (print name)**

**/        /
Date**

**-            -
Phone number**