

NYSARC, Inc.

Employer of the Year Award

Awarded to an individual, corporation or business in New York State that has demonstrated outstanding support in providing services and job opportunities for people who have intellectual and other developmental disabilities.

About the Award

NYSARC, Inc. Employer of the Year: Employers across the state are acknowledging the value of employing people with intellectual and other developmental disabilities in their place of business. The NYSARC, Inc. Employer of the Year Award provides Chapters with an opportunity to recognize an individual, corporation or business in their county(ies) for their noteworthy accomplishments in assisting people who have intellectual and other developmental disabilities to be productive, successful employees.

Application Information

Eligibility Criteria: For the purposes of this award, an *Employer* is someone whose business is ***not*** owned, operated, or a subsidiary of a NYSARC, Inc. Chapter and employs people with intellectual and other developmental disabilities.

Award: Four (4) awards presented annually- 1 for each NYSARC, Inc. geographical region.

Nomination Process: **Only one nomination per Chapter.** Nominations will be reviewed by the NYSARC, Inc. Scholarship and Awards Committee who will select the recipient.

Application Information/Deadline: All requested information must be submitted on the appropriate nomination form by the deadline date.

**** Please refer to Nomination Form for deadline dates.** Nominations received after the deadline date will not be considered eligible for the Employer of the Year Award.

NOTE: *Nomination forms may be faxed to the NYSARC, Inc. State Office up to the deadline date. However, original nomination forms must be immediately mailed to NYSARC, Inc.*

Announcement of Recipient: The receipts of the NYSARC, Inc. Employer of the Year Award will be announced to the nominating Chapters in August. The winner will be honored at the NYSARC, Inc. Annual Convention.

IV. Description of Duties:

- A. _____
- B. _____
- C. _____

V. Length of time the Employer has been providing work for people with intellectual and other developmental disabilities

VI. Why are you recommending this employer for the Employer of the Year?
(Include history of involvement with employing people who have intellectual and other developmentally disabilities. Please be specific regarding length of employment.)

VII. Brief description of business: _____

**NAME OF PERSON MAKING
NOMINATION**

TITLE

DATE

**SIGNATURE OF PERSON MAKING
NOMINATION (REQUIRED)**

Chapter Board of Directors' Additional Comments are Welcome:

SIGNATURE OF BOARD PRESIDENT
(REQUIRED)

DATE

Has This Employer Been Nominated in the Past? YES _____ NO _____

Has This Employer Previously Been Selected as a NYSARC, Inc. Award Recipient?

YES _____ NO _____ IF YES, IN WHAT YEAR? _____

If This Employer Has Been a Previous NYSARC, Inc. Award Recipient, Please Briefly Describe Any Changes in the Employment Environment That Would Make the Employer Worthy of This Award Again.

*PLEASE SEND THE COMPLETED NOMINATION FORM BY
MAY 10, 2010
TO:*

NYSARC, Inc.
Scholarship and Awards Committee
393 Delaware Avenue
Delmar, NY 12054
FAX: (518) 439-1893

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