



Florida Unique Abilities Partner Program Application Form

By submitting this application form, you certify the following information is true and correct and that you agree to the Terms and Conditions listed. Please do not include or attach any personally identifying information about any employees of your business. An asterisk (*) denotes required information.

Business Information:

*Name of the Business: _____

Doing Business As (DBA) (if different from official name): _____

Federal Employer Identification Number (FEIN) of the Business: _____

[For businesses listed on Employ Florida, providing your FEIN Number will help us identify your business as a Unique Abilities Partner in Employ Florida.]

Business Website: _____

Physical Address of the Business:

*Address: _____

*City: _____

*County: _____

State: _____

*Postal Code: _____

Mailing Address of the Business (Only if different from Physical Address):

Mailing Address of Business: _____

Mailing City: _____

Mailing State: _____

Mailing Postal Code: _____

Business Contact Person (Name of Person Submitting the Application):

*First Name: _____

*Last Name: _____

Title: _____

Phone Number: _____

Email Address: _____

(*Email **OR** phone number is required)

Please select all Eligibility Criteria that apply to the Business:

(*Selection of at least one criterion is required)

_____ A. Employment of at least one individual with a disability. Such employees must be residents of Florida and must have been employed by the business for at least nine months before the business applies for a Unique Abilities Partner designation.

(Note: By checking this box, you acknowledge that your business meets the criterion selected.)

_____ B. Contributed to local and/or national disability organizations or made contributions in support of individuals who have a disability. Such contributions may be financial or in-kind, including employee volunteer hours. A business with 100 or fewer employees must make a financial or in-kind contribution of at least \$1,000 and a business with more than 100 employees must make a financial or in-kind contribution of at least \$5,000. *(Note: Contributions must be documented by providing copies of written receipts or letters of acknowledgement from recipients, volunteers or the organization.)*

_____ C. Established or contributed to the establishment of a program that contributes to the independence of individuals who have a disability. A business with 100 or fewer employees must make a financial or in-kind contribution of at least \$1,000 in the program and a business with more than 100 employees must make a financial or in-kind contribution of at least \$5,000.

(Note: Contributions must be documented by providing copies of written receipts, a summary of the program, program materials, or letters of acknowledgement from program participants or volunteers.)

Note: If you are completing an online application, you can select more than one file from the same folder on your computer by using the “browse” feature. If you are completing a hard copy application, please attach all required documentation to your application and mail to:

**Unique Abilities Partner Program
Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, FL 32399**

Terms and Conditions

1. For purposes of the Unique Abilities Partner program, “individuals who have a disability” (as defined in section 413.801(2)(b), Florida Statutes) means persons who have a physical or intellectual impairment that substantially limits one or more major life activities, persons who have a history or record of such an impairment, or persons who are perceived by others as having such an impairment.
2. By accepting designation as a Florida Unique Abilities Partner, the business agrees and acknowledges that Agency for Persons with Disabilities will display its name on the Florida Unique Abilities Partner program website.
3. By accepting designation as a Florida Unique Abilities Partner, the business agrees and acknowledges that Agency for Persons with Disabilities will provide its name to VISIT FLORIDA for consideration in the development of marketing campaigns and that Agency for Persons with Disabilities and VISIT FLORIDA may feature the business in future marketing campaigns.
4. By accepting designation as a Florida Unique Abilities Partner, businesses listed on Employ Florida agree that their job postings in Employ Florida will be marked as Unique Abilities Partner program opportunities.
5. By accepting designation as a Florida Unique Abilities Partner, the business agrees to use the Unique Abilities Logo in compliance with the Unique Abilities Partner program logo guidelines.
6. By accepting designation as a Florida Unique Abilities Partner, the business agrees that it will not provide any personally identifying information pertaining to any individual with a disability or employee of the business as part of the process to nominate or designate a business as a Florida Unique Abilities Partner. Under no circumstance should a Social Security number, date of birth, or medical information be provided as part of this process.
7. A designated business will be required to certify that it continues to meet the program criteria on an annual basis. Failure to submit an annual certification will result in removal of the designation.
8. Designation as a Florida Unique Abilities Partner does not establish or involve licensure, does not affect the substantial interests of a party, and does not constitute final agency action. As provided in section 413.801(3)(d), Florida Statutes, the Florida Unique Abilities Partner program and designation are not subject to Chapter 120, Florida Statutes.