



Florida Unique Abilities Partner Program Nomination Form

Note: Businesses cannot nominate themselves but can apply directly for a Unique Abilities Partner designation by submitting the Unique Abilities Partner Program Application Form. An asterisk (*) denotes required information.

Business Information:

*Name of the Business: _____

Physical Address of the Business:

Address: _____

City: _____

State: _____

Postal Code: _____

Contact Person at the Nominated Business:

First Name: _____

Last Name: _____

Title: _____

Phone Number: _____

Email Address: _____

(*Email OR Phone Number is required)

Contact Information for Person Submitting the Nomination:

First Name: _____

Last Name: _____

Relation to Business: _____

Phone Number: _____

Email Address: _____

Please select all Eligibility Criteria that you believe apply to the Nominated 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.
- _____ 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.
- _____ 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.

If you are completing a hard copy nomination, please mail the nomination form to:

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