



**New York State
Honors Employers during
National Disability Employment Awareness Month
- October 2020 -**

NOMINATION FOR EMPLOYER RECOGNITION

DUE Friday, June 26th, 2020**

Nominee Data

NOMINEE'S BUSINESS OR CORPORATE NAME
(If nominee is an individual, include title, such as Mr., Ms., Dr.)

STREET ADDRESS (As appropriate, include building name, room or suite number, or mail stop)

CITY, STATE, ZIP CODE plus ZIP4 COUNTY

CONTACT PERSON FOR NOMINEE AREA CODE/TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

FEDERAL IDENTIFICATION NUMBER - *This is a nine-digit number.*
It must be included for the nomination to be reviewed and considered.

Nominator Information

PERSON SUBMITTING THIS NOMINATION:

ORGANIZATION:

DATE:

AREA CODE & TELEPHONE NUMBER:

E-MAIL ADDRESS:

Nomination Category

Employer with 500 or more employees <u>Working at Site</u>	Employer with 100 to 499 employees <u>Working at Site</u>	Employer with 25 to 99 employees <u>Working at Site</u>	Employer with 24 or fewer employees <u>Working at Site</u>	Entrepreneur with a disability	Efforts made to accommodate employees during COVID-19	Youth Employment Under 24 y/o
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nomination Criteria Categories

To be nominated, an employer or individual must meet one or more of the criteria listed below. Check as many as are applicable and, **on a separate page, include statements justifying and describing how the nominee meets each criterion you checked. (Please attach your justifying information to this form, typed and limited to two pages)**

Your justification must provide outstanding [see rubric for examples] efforts made by the employer to hire qualified applicants including details about numbers employed, description of innovations made by**

the business, types of and/or the high level of commitment demonstrated in providing accommodations and career advancement opportunities provided over time. Describe how this employer has gone above and beyond what is required by law. For an entrepreneur, the nomination should describe the achievements of the individual and the impact on the business community, etc. Regional Award winners will be in competition with other Regional winners in each nomination category for Statewide Awards.

- Interagency involvement including the Regional Employment Alliance (Adult Career and Continuing Education Services-Vocational Rehabilitation, Commission for the Blind, New York State Department of Labor, Empire State Development) and/or other local or regional groups [e.g., Local Workforce Investment Board/One Stops, Job Service Employer Committee, Chamber of Commerce] in initiatives to identify and develop increased employment opportunities for qualified persons with disabilities.
- Special efforts to reasonably accommodate qualified applicants and employees with disabilities.
- Special efforts to attract qualified employees with disabilities through creative and innovative outreach activities.
- Implemented a successful program to provide career opportunities for qualified employees with disabilities, including adults or transitioning youth up to age 24.
- ENTREPRENEURS ONLY. Individuals with a disability who have achieved success in their chosen career field.
- Extraordinary efforts to maintain employment, continue employees with disabilities on their payroll and/or additional supports provided to their workforce during the COVID-19 pandemic.

Nominations must be submitted by COB June 26, 2020 to your local designated ACCES-VR contact below:

Long Island

Lorie Boyd
Regional Workforce Development
Coordinator
ACCESS-VR
Garden City District Office
711 Steward Avenue, Suite 4
Garden City, NY 11530
516-227-6805
Lorie.Boyd@nysed.gov

New York City

Maureen Anderson
Regional Workforce Development
Coordinator
ACCESS-VR
Manhattan District Office
116 West 32nd Street - 5th Fl.
New York, New York 10001
212-630-2329
Maureen.Anderson@nysed.gov

Southern Tier

Ashley Paciello
**Local Workforce Development
and Business Relations
Representative**
Utica District Office
207 Genesee Street
Utica, NY 13501
315-793-2539
Ashley.Paciello@nysed.gov

Mohawk Valley

Ashley Paciello
Local Workforce Development and
Business Relations Representative
Utica District Office
207 Genesee Street
Utica, NY 13501
315-793-2539
Ashley.Paciello@nysed.gov

Lower Hudson Valley

Michele Green
Local Workforce Development
Representative
ACCESS-VR
Rockland Satellite Office
15 Perlman Dr., 2nd Floor
Spring Valley, NY 10977
845-426-5421
Michele.Green@nysed.gov

Capital Region

Kathleen DeMuth
Local Workforce Development
Representative
ACCESS-VR
Albany District Office
80 Wolf Road, Suite 200
Albany, NY 12205
518-485-7748
Kathleen.DeMuth@nysed.gov

Rochester

Jennifer Geiger
Local Workforce Development
Representative
ACCESS-VR
Rochester District Office
109 South Union Street
Rochester, NY 14607
585-238-2949
Jennifer.Geiger@nysed.gov

Mid Hudson Valley

Mary O'Connell
Local Workforce Development
Representative
ACCESS-VR
301 Manchester Road, Suite 200
Poughkeepsie, NY 12603
845-452-5376
Mary.Oconnell@nysed.gov

Central New York

Barry Tatters
Local Workforce Development
Representative
ACCESS-VR
Syracuse District Office
State Office Building
333 East Washington St.
Syracuse, NY 13202
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Barry.Tatters@nysed.gov

Buffalo

Dennis Martinez
Regional Workforce Development
Coordinator
ACCESS-VR
Buffalo District Office
508 Main Street
Buffalo, NY 14202
716-848-8015
Dennis.Martinez@nysed.gov

For additional **Nomination for Employer Recognition** applications or information, please go to

<http://www.acces.nysed.gov/vr/ndeam>

or contact your local ACCES-VR Office

DUE JUNE 26, 2020

Please complete the **REQUIRED CHECKLIST** of **QUESTIONS** for **ANY NOMINATION**

Please check the box that most closely answers the question.

Each question must be answered.

Thank you.

1) How old is your business partnership with this employer?

- 1 year old
- 2 years old
- 3 years old
- 3 to 5 years old
- 5 to 8 years old
- More: please provide the number of years: _____
- Not applicable

2) How many individuals has this employer hired from your agency over the course of your relationship?

- 1 individual
- 2 individuals
- 3 individuals
- 4 to 6 individuals
- 7 to 10 individuals
- 10 or more individuals
- More: please provide the number of employees hired _____
- Not applicable

3) Does your employer participate in a Preferred Source Program (NYSID or Source America)?

- Yes
- No

4) Please check off any and all **OUTSTANDING practices** this employer has asked you to provide to their workforce?

- We have provided ADA training to this employer based on their request
- We have provided Disability Etiquette Training to this employer based on their request
- We have provided Job Retention Services to a valued employee(s) based on their request.
- Other [please explain]

Not applicable

5) Please check off any and all **OUTSTANDING methods** implemented by this employer to recruit, attain and maintain a diverse workforce:

- The employer works with "you" to establish natural supports for individuals? Please explain what natural supports are provided (e.g., buddy system, mentor, transportation, etc.).

The employer created a work/life balance (example, offering nontraditional work schedules such as compressed work week, telecommuting and/or flex time). Please explain:

Other? Please explain:

6) This business has established an intern/extern program to “grow” a workforce that meets their needs.

- Yes
 No

7) This business has established opportunities to foster job/career advancement, by offering challenging experiences/slowly but surely increasing work responsibilities.

- No
 Yes, please explain:

*****Please remember - on a separate page, include statements justifying and describing how the nominee meets each criterion you checked. (Please attach your justifying information to this form (or email both), typed and limited to two pages)**