**Texas Governor’s Committee on People with Disabilities**

**LEX FRIEDEN EMPLOYMENT AWARDS ENTRY FORM**

**ENTREPRENEUR CATEGORY**

*Self-nominations are encouraged*

Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Entrepreneur Award is presented to a living entrepreneur with a disability who has shown extraordinary ingenuity and drive to create and sustain a successful business that has created jobs and/or accessible services.**

1. Does the nominee have a disability as defined by ADA (a person who has a physical or mental impairment that substantially limits one or more major life activity, has a record of impairment, or is regarded as having impairment)? Describe.
2. Does the nominee own or operate a for-profit, private-sector business enterprise and is the nominee actively involved and in control of the direction of the business? Describe the business and business history.
3. Describe how the nominee has devoted time, energy, resources, good corporate citizenship/reputation, and livelihood to establish and operate a successful business enterprise that is generating revenue and that employs other persons and/or provides accessible services.
4. Describe how this business enterprise is accessible to employees, job applicants, and customers with disabilities.

**Nominee Information**

Name of Individual:

Name of Business:

Type of Business:

Street Address:

City, State, Zip Code:

Daytime Phone:

Email Address:

Website Address:

**Nominator Information** *(if this is not a self-nomination)*

Name of Nominator:

Street Address:

City, State, Zip Code:

Daytime Phone:

Email Address:

You are encouraged to include supplementary materials for your awards entry by email or postal mail. (Examples: local media coverage, brochures, photos, letters of recommendation, etc.)

Testimonials from employees or customers with disabilities are encouraged, but please obtain written permission to use information and/or photos used in the submission. Do not disclose confidential information.

*Please be aware that all information you submit to the Office of the Governor is subject to public disclosure under the Texas Public Information Act.*

Please send this completed form and any supplemental materials by email (preferred) OR by postal mail to:

**Email:** GCPD@gov.texas.gov

**Postal Mail:** Lex Frieden Employment Awards Nominations

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P.O. Box 12428, Austin, TX 78711