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

**LEX FRIEDEN EMPLOYMENT AWARDS ENTRY FORM**

**THE GOVERNOR’S TROPHY CATEGORY**

*Self-nominations are encouraged*

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

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

**The Governor’s Trophy Award is the Governor’s Committee on People with Disabilities’ distinguished honor and is awarded to a person who has achieved the highest success in enhancing the empowerment and employment of Texans with disabilities. The Governor’s Trophy recognizes long-term commitment and outstanding efforts at both the community and state level.**

1. How will the selection of this nominee for the Governor’s Trophy advance the empowerment and employment of Texans with disabilities?
2. Describe the nominee’s present involvement in the advancement of important issues of Texans with disabilities such as ADA, community services, education, healthcare, housing, transportation, recreation, etc. Describe the nominee’s past activities, as well.
3. Describe the diversity, scope, and spirit of the nominee’s efforts at the local, state, or national level.
4. Indicate the length of commitment and describe the nominee’s efforts to enhance quality of life opportunities for persons with disabilities.

**Nominee Information**

Name of Individual:

Company (*if applicable*):

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:

**Local Committee Information** (*if nominated by a local committee*)

Name of the Local Committee:

Contact Name:

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

Texas Governor’s Committee on People with Disabilities

P.O. Box 12428, Austin, TX 78711