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: _________________________________________________________________________

2018 FLORIDA UNIQUE ABILITIES Engage Employ Empower PARTNER
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
Department of Economic Opportunity
107 East Madison Street
MSC G-229
Tallahassee, FL 32399