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
Department of Economic Opportunity
107 East Madison Street
MSC G-229
Tallahassee, FL 32399