



# 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  
Florida Department of Commerce  
107 East Madison Street  
MSC G-229  
Tallahassee, FL 32399**