**Jack B. Hefner Memorial Award
2020 Nomination Application**

*The Jack B. Hefner Memorial Award honors an outstanding North Carolina advocate whose actions have improved the quality of life for people with intellectual and other developmental disabilities. The award will be presented at the annual meeting of the NC Council on Developmental Disabilities on November 4, 2020 in Cary, NC, beginning at 5:30 p.m.*

**Section 1. Nomination Form:**

|  |  |
| --- | --- |
| Name of Nominee  | Click or tap here to enter text. |
| Name (as you wish it to appear on award) | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| State (NC): [ ]  City: Click or tap here to enter text. Zip: Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

The nominee is a:

[ ]  Family member of a person with an intellectual or other developmental disability

[ ]  Volunteer (non-professional)

**Section 2. Listing of Qualifications**

Please attach as a separate document a brief description (maximum 300 words) of the qualifications of the nominee for this award. Give specific information about the nominee’s activities in improving the lives of people with intellectual and other developmental disabilities, including examples of significant contributions and leadership. Please include the following:

* List nominee’s advocacy experience
* Areas of strength/experience/achievements in the field of intellectual or other developmental disabilities.
* List nominee’s volunteer experience

**Section 3. Supporting Information**

Identify **three** (3) individuals who have knowledge of the efforts of the nominee.

*NOTE:* It is encouraged that individuals submit a short statement (maximum 300 words) in support of the nominee. Statements should include specific examples of work the nominee has done to influence positive change in the lives of people with intellectual and other developmental disabilities.

|  |  |
| --- | --- |
| Name (Individual #1) | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| State (NC): [ ]  City: Click or tap here to enter text. Zip: Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name (Individual #2) | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| State (NC): [ ]  City: Click or tap here to enter text. Zip: Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name (Individual #3)  | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| State (NC): [ ]  City: Click or tap here to enter text. Zip: Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

**Section 4. Personal References (Required)**

Identify **three** (3) individuals as personal references who may be contacted to help evaluate the qualifications of the nominee.

|  |  |
| --- | --- |
| Name (Individual #1) | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name (Individual #2) | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name (Individual #3)  | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

**Nomination Submitted by:**

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Organization (if applicable) | Click or tap here to enter text. |
| Title/relationship to nominee | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| State (NC): [ ]  City: Click or tap here to enter text. Zip: Click or tap here to enter text. |
| Phone number  | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |

I’ve read and followed the submission guidelines for my application to be considered for the 2020 Advocacy and Leadership Awards. I understand my application will not be considered if the following documents are not completed:

[ ] Section 1: Completed

[ ] Section 2: Completed with ‘Listing of Qualifications’ (required) attached.

[ ] Section 3: Completed with ‘Short Statements of Support’ (optional) attached.

[ ] Section 4: Completed (required)

[ ] Submitted **ON OR PRIOR TO, Friday, July 31, 2020.**

Submission Options: *NOTE: all pages of this application must be submitted by* ***Friday,******July 31, 2020*** *in one of the three ways:*

* **Option ONE**: Email the nomination application and listing of qualifications to David Ingram, Systems Change Manager at david.ingram@dhhs.nc.gov and info@nccdd.org
* **Option TWO:** Fax the nomination application and listing of qualifications to 919-715-0325. Please include cover sheet indicating your name and total number of pages.
* **Option THREE:** Mail the nomination application and listing of qualifications to:
	+ - North Carolina Council on Developmental Disabilities (NCCDD)
		- ATTN: NCCDD Advocacy & Leadership Awards

2010 Mail Service Center

Raleigh, NC 27699-2010