North Carolina Leadership Achievement Award

2020 Nomination Application

Section 1. Nomination Form

2. Name



The North Carolina Leadership Achievement Award is presented to an outstanding North Carolina self-advocate whose work has 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.

Name of nominee		
Name (as you wish it to appear on the a	award)	
Home address		
City	State	Zip
Phone number	Email	
Section 2. Listing of Qualifications		
Please attach as a separate document a qualifications of the nominee for this av in improving lives of people with intelle of significant contributions and leadersh	vard. Give specific information about ectual or other developmental disabili	the nominee's activities
 Areas of strength/experience/achieved disabilities 	contributions and other distinguishing vements in the field of intellectual and hal characteristics, advocacy work and	d other developmental
field of intellectual and other develo	-	
Section 3. Supporting Information		
Identify three individuals who have kno	owledge of the efforts of the nominee	
NOTE: It is encouraged that individuals sub- nominee. Statements should include specifichange in the lives of people with intellectu	fic examples of work the nominee has do	one to influence positive
1. Name		
Home address		
City	State	Zip
Phone number	Email	

2. Name			
Home address			
City			
Phone number	Email		
3. Name			
Home address			
City			Zip
Phone number	Email		
Section 3. Supporting Informati	ion		
Identify three individuals who hav	ve knowledge of the efforts	of the nominee.	
NOTE: It is encouraged that individunce nominee. Statements should include change in the lives of people with in	e specific examples of work the	e nominee has do	
1. Name			
Phone number			
Email			
2. Name			
Phone number			
Email			
3. Name			
Phone number			
Email			
Nomination submitted by:			
Full name			
Organization (if applicable)			
Title/relationship to nominee			
Home address			
City			
Phone number			
Email			North Carolina Council on Developmental Disabilities

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	
\square Section 2: Completed with 'Listing of Qualifications' (required) attached.	
\square 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 application form to David Ingram, Systems Change Manager, at david.ingram@dhhs.nc.gov and info@nccdd.org
- **Option TWO:** Fax the completed application to 919-715-0325. Please include cover sheet indicating Full Name and total number of pages.
- Option THREE: Mail the application to:

North Carolina Council on Developmental Disabilities ATTN: NCCDD Advocacy and Leadership Awards 2010 Mail Service Center, Raleigh, NC 27699-2010

