

FCBDD Community Star Awards Nomination Form

Do you know someone who should be recognized for extraordinary accomplishments or service supporting individuals with developmental disabilities?

If so, please take a moment to complete and return this nomination form. Nominations will be accepted until May 15, 2015. All nominations will be considered by an Award Committee, and winners in each category will be recognized at the FCBDD Community Star Awards Ceremony. **Please submit this nomination to: Awards Committee, c/o Linda Fleming, 2879 Johnstown Road, Columbus, Ohio 43219.**

(PLEASE PRINT)

1. Name of Nominee: _____ Daytime Phone# _____

Home Address: _____

2. Please complete one nomination per form and check the category for which this person or organization is nominated for an award:

- | | |
|--|--|
| <input type="checkbox"/> Adult Participant | <input type="checkbox"/> Transportation Staff |
| <input type="checkbox"/> Child Participant | <input type="checkbox"/> Early Childhood Staff |
| <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> Residential Staff |
| <input type="checkbox"/> Adult Services Staff | <input type="checkbox"/> Management/Supervisory Staff |
| <input type="checkbox"/> School Staff | <input type="checkbox"/> Support Services/Other Staff |
| <input type="checkbox"/> Provider Organization | <input type="checkbox"/> Service Coordination Department Staff |
| <input type="checkbox"/> Volunteer/Good Neighbor | <input type="checkbox"/> Employer |

3. The mission of the Franklin County Board of Developmental Disabilities is as follows:

To provide programs, services, and supports to eligible children, adults, and their families so individuals with developmental disabilities can live, learn and work in our community.

How has this nominee helped to fulfill the mission of the Board? _____

4. Please describe any other achievements or information regarding this person or organization to support this nomination: _____

Nominated By: (Please Print) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work/Daytime Phone # _____

Deadline for Nominations: May 15, 2015