The Arc Pikes Peak Region AWARD NOMINATION FORM 2018 Annual Dinner & Awards Celebration Join the Dance May 19, 2018—Hotel Eleganté

Thank you for your interest in nominating our community members for an award at The Arc's annual dinner. We take great pride in our ability to recognize the outstanding people and work being done in our community. We ask that only **thoroughly** completed forms be submitted, as the review committee may not be familiar with the nominee. We will only review original nomination forms, so please do not submit multiple copies of the same nomination form. Please use a separate form for each person/program being nominated. Copy this form for additional nominations. Nomination forms are due to The Arc by 5:00 p.m., Wednesday, March 7, 2018. Please submit forms early so we can get any questions answered prior to the review meeting.

Category (Please check one)

The Arc and the review committee reserve the right to	o re-categorize nominations.
☐ Achiever of the Year	☐ Public School Personnel
(individual with I/DD)	(teachers, para professionals, etc.)
□ Support Services	□ Professional of the Year
(administrative, benefits, bus driver, etc.)	(nurse, attorney, therapist, etc.)
□ Parent/Family Advocate	☐ Outstanding Program (agencies, programs within agencies, etc.)
☐ Residential Service Provider (direct care staff, managers, etc.)	☐ Host Home Provider
□ Vocational/Day Service Provider	☐ SLS/CES Service Provider
(job coach, direct care staff, managers, etc.)	(direct care staff, managers, etc.)
□ Special Recognition	☐ Resource Coordination
(community members, programs, services, etc.)	(case management)
☐ Employer of The Year	□ Other:
(business employing people with I/DD)	(not sure which category)
Who are you nominating for the selecte	d category? (Person, business, program, etc.)
How can we contact this nominee?	
Phone #:	Email:
Address:	
Agency & Phone #.	



Tell us why we should select this non	ninee: (Please be detailed and give specific information	
about what was accomplished by the person or program this past year, how does the program benefit people with I/DD, what makes the nomination unique, how has the person gone above and beyond, etc.; attach		
Nomination completed by:		
How can we contact you?		
Phone #:	Email:	
Address:		
Agency & Phone #:		
Can we tell the nominee you made th	e nomination?	

Please return nomination forms by Wednesday, March 7, 2018, at 5:00 p.m. to:

The Arc Pikes Peak Region 12 North Meade Avenue Colorado Springs, CO 80909

Or fax to: 719-471-4828

Or email: info@thearcppr.org
Or online: www.thearcppr.org

