

September 6, 2019

Dear Fellow Citizens:

The Mayor's Committee for Persons with Disabilities will sponsor their Annual Awards Luncheon at Goldsboro Event Center, 1501 S. Slocumb Street on Thursday, October 17, 2019 at 12:00 PM. Tickets are available at \$12 and may be picked up at the Community Relations Office at 214 N. Center Street or from one of the Mayor's Committee members. Deadline to purchase tickets is Friday, October 4, 2019.

The highlight of this luncheon is the presentation of awards/recognition of those persons and businesses that have either overcome their disabilities or have gone the extra mile to serve or work with people with disabilities.

We need your help in identifying deserving individuals and organizations for these awards. Please take a few minutes to complete the enclosed forms and return them to the address listed above, by mail to Community Relations Office, P.O. Drawer A, Goldsboro, NC 27533, or email [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov) by Friday, September 27, 2019 by 5:00p.m.

The awards are:

Employer of the Year: For an employer who has demonstrated outstanding achievement in employment opportunity providing job opportunities for individuals with disabilities.

Employee of the Year: An employee who has overcome handicaps to achieve success in the workplace.

Mayor's Trophy: For an individual or organization who has made significant contributions in support of persons with disabilities.

Committee Member of the Year: For a member of the Mayor's Committee who has done much to further the work of the committee during the year.

Most Accessible Business: A business that has made significant contributions in making their business most accessible to people with disabilities

If you have any questions about the awards packages, please contact Felecia Williams, Committee Liaison, by phone 919-580-4360 or by email [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov).

Sincerely,

*Doug Seymour*  
Doug Seymour  
MCPD Committee Chair

*Felecia D. Williams, MS/QP*  
Felecia D. Williams,  
MCPD City of Goldsboro Liaison

Enclosures

## NOMINATION FOR MAYOR'S TROPHY

An individual or organization that has made significant contributions in support of persons with disabilities.

(Please print or type. Extra sheets of paper may be attached).

Please return completed form to the:  
City of Goldsboro  
Community Relations Office, Historic City Hall  
P.O. Drawer A, Goldsboro, NC 27533 or  
E-mail to [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov)

**Deadline: Friday, September 27, 2019 by 5:00 p.m.**

(1) Nominee's Name: \_\_\_\_\_

(2) Home Address: \_\_\_\_\_

(3) Business Address: \_\_\_\_\_

(4) Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(5) Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(6) Briefly describe significant contributions made to enhance the quality of life for disabled persons and to promote public awareness and understanding relative to their plights.

[illegible]

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## NOMINATION FOR EMPLOYER OF THE YEAR

An individual or organization that has made significant contributions in support of persons with disabilities.

(Please print or type. Extra sheets of paper may be attached).

Please return completed form to the:  
City of Goldsboro  
Community Relations Office, Historic City Hall  
P.O. Drawer A, Goldsboro, NC 27533 or  
E-mail to [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov)

**Deadline: Friday, September 27, 2019 by 5:00 p.m.**

(1) Nominee's Name: \_\_\_\_\_

(2) Home Address: \_\_\_\_\_

(3) Business Address: \_\_\_\_\_

(4) Home Phone: ( ) -

(5) Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(6) Briefly describe why you are nominating this employer. (Include Outreach and recruitment programs, special accommodations made for the disabled employee, and special efforts to encourage employment of disabled persons.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## NOMINATION FOR MOST ACCESSIBLE BUSINESS

An individual or organization that has made significant contributions in support of persons with disabilities.

(Please print or type. Extra sheets of paper may be attached).

Please return completed form to the:  
City of Goldsboro  
Community Relations Office, Historic City Hall  
P.O. Drawer A, Goldsboro, NC 27533 or  
E-mail to [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov)

**Deadline: Friday, September 27, 2019 by 5:00 p.m.**

(1) Nominee's Name: \_\_\_\_\_

(2) Business Address: \_\_\_\_\_

(3) Home Phone: ( ) -

(4) Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(5) Briefly describe significant contributions the business has made to make their business more accessible to disabled citizens.

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## NOMINATION FOR MAYOR'S COMMITTEE MEMBER OF THE YEAR

An individual or organization that has made significant contributions  
in support of persons with disabilities.

(Please print or type. Extra sheets of paper may be attached).

Please return completed form to the:  
City of Goldsboro  
Community Relations Office, Historic City Hall  
P.O. Drawer A, Goldsboro, NC 27533 or  
E-mail to [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov)

**Deadline: Friday, September 27, 2019 by 5:00 p.m.**

(1) Nominee's Name: \_\_\_\_\_

(2) Home Address: \_\_\_\_\_

(3) Business Address: \_\_\_\_\_

(4) Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

(5) Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

(6) Name of Employer: \_\_\_\_\_

(7) Nominee's Job Title: \_\_\_\_\_

(8) Briefly describe significant contributions made to enhance the quality of life for disabled persons and to promote public awareness and understanding relative to their plights.

---

---

---

---

---

---

---

---

---

---

---

---

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

## NOMINATION FOR EMPLOYEE OF THE YEAR

An individual or organization that has made significant contributions  
in support of persons with disabilities.

(Please print or type. Extra sheets of paper may be attached).

Please return completed form to the:  
City of Goldsboro  
Community Relations Office, Historic City Hall  
P.O. Drawer A, Goldsboro, NC 27533 or  
E-mail to [fdwilliams@goldsboronc.gov](mailto:fdwilliams@goldsboronc.gov)

**Deadline: Friday, September 27, 2019 by 5:00 p.m.**

- (1) Nominee's Name: \_\_\_\_\_
- (2) Home Address: \_\_\_\_\_
- (3) Business Address: \_\_\_\_\_
- (4) Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
- (5) Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
- (6) Name of Employer: \_\_\_\_\_
- (7) Nominee's Job Title: \_\_\_\_\_
- (8) Describe Nominee's disability and rehabilitation:  
\_\_\_\_\_  
\_\_\_\_\_
- (9) Describe any difficulties the nominee encountered in adapting to his or her work or living environment. (Address nominee's initiative, resourcefulness, and perseverance in overcoming the barriers.)  
\_\_\_\_\_  
\_\_\_\_\_
- (10) How has the committee increased public awareness and facilitated employment of other disabled persons?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_