



**Mayor's Committee for
Persons with Disabilities**



Community Relations Department
214 North Center Street
Goldsboro, NC 27530
(919) 580-4318

September 10, 2024

Dear Fellow Citizens:

The Mayor's Committee for Persons with Disabilities will hold their Annual Awards Ceremony on Thursday, October 16, 2025 at 12:00 PM. Unfortunately, this year's event will not be opened to the public and no tickets will be sold. The committee will hold a small ceremony to recognize award winners. In attendance will be the award winners, one guest per each award winner, the committee, the Mayor, the City Manager, and liaisons.

The highlight of this annual event 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 Mayor's Committee for Persons with Disabilities member who provided you with the forms or to the Community Development Department. The committee will need your nominations by Wednesday, October 1, 2025 by 5:00p.m.

The awards are:

Employer of the Year: For an employer who has demonstrated outstanding achievement in employment 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, please contact Krystal Fuller, Committee Liaison, by phone at 919-580-4318 or by email kmfuller@goldsboronc.gov.

Sincerely,

Wanda Becton

Wanda Becton
MCPD Chair

Johnny Holland

Johnny Holland
MCPD Vice-Chair

NOMINATION FOR EMPLOYER OF THE YEAR

An employer who has demonstrated outstanding achievement in employment, providing job opportunities for individuals with disabilities.

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

Please return completed form to the:
Mayor's Committee for Persons with Disabilities
Member who provided you with the form

Deadline: Wednesday, October 1, 2025 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.)

Submitted by: _____ Date: _____

NOMINATION FOR EMPLOYEE OF THE YEAR

An employee who has overcome handicaps to achieve success in the workplace.

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

Please return completed form to the:
Mayor's Committee for Persons with Disabilities
Member who provided you with the form

Deadline: Wednesday, October 1, 2025 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: _____

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:
Mayor's Committee for Persons with Disabilities
Member who provided you with the form

Deadline: Wednesday, October 1, 2025 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.

Submitted by: _____ Date: _____

NOMINATION FOR MAYOR'S COMMITTEE MEMBER OF THE YEAR

A member of the Mayor's Committee who has done much to further the work of the committee during the year.

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

Please return completed form to the:
Mayor's Committee for Persons with Disabilities
Member who provided you with the form

Deadline: Wednesday, October 1, 2025 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 MOST ACCESSIBLE BUSINESS

A business that has made significant contributions in making their business most accessible to persons with disabilities.

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

Please return completed form to the:
Mayor's Committee for Persons with Disabilities
Member who provided you with the form

Deadline: Wednesday, October 1, 2025 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.

[illegible]

Submitted by: _____ Date: _____