

WARREN COUNTY DEPARTMENT OF HUMAN SERVICES
Division of Aging & Disability Services
Advisory Council on Disabilities
165 County Rte. 519 So.
Belvidere, New Jersey 07823
877-589-ABLE (2253)

**“Thomas M. Kennedy,
Excellence in Accessibility Award”**

Nomination Form

Nominations are due by **August 1, 2015**. Please send completed form to:

**Disability Advisory Council
c/o Dawn Center for Independent Living
66 Ford Road, Suite 121
Denville, NJ 07834**

Or email completed nomination form to kkryspin@dawncil.org

Name and Address of individual completing nomination form: _____

Phone: _____

Email: _____

Name and Address of Nominated Business:

Name of Business Owner(s):

Phone: _____

Website: _____

Year the business was built: _____

Justification for the Nomination

Complete the following in its entirety. Attach additional pages if necessary.

- I. What resources were used to make the business accessible? For example, did the business owner(s) utilize any of the available funds, grants, or tax credits?**

- II. Respond to the following categorical criteria related to the nominated business:**

- A. Access to the accommodation from the sidewalks or parking area (e.g., ramps, accessible parking, wide entrance).**

Yes _____ No _____

Comments:

- B. Access to goods or services (e.g. interior ramps, arrangement of racks).**

Yes _____ No _____

Comments

- C. Access to restrooms.**

Yes _____ No _____

Comments

D. Removal of any other barriers.

Yes _____ No _____

Comments

Please outline any other notable accessibility feature(s) or accommodation(s). This may include comments about customer service, attitudes, and any effort made by the business that exceeds the minimum accessibility requirements.
