## View results

Respondent

	2 Anonymou	us	886:5 / Time to complete	
Non	ninee Details			
1. Name of No	ominee *			
Lisa Kaylie				
2. Name (as yo	ou wish it to appear on aw	vard) *		
Lisa Kaylie				
3. Home Addre	ess *			
200 South Eli	ott Road			
4. City *				
Chapel Hill				
5. Zip Code *				
27514				

6. Phone Number \*

(615) 289-6814

7. Email Address \*

lisakaylie@gmail.com

### **Listing of Qualifications**

8. Please provide a brief description (maximum 300 words) of the qualifications of the nominee for this award. Give specific information about the nominee's activities in improving the lives of people with intellectual and developmental disabilities, including examples of significant contributions and leadership.

Please include the following:

- List nominee's advocacy experience
- · Areas of strength/experience/achievements in the field of intellectual or other developmental disabilities.
- List nominee's volunteer experience

\*

Lisa is executive director of Extraordinary Ventures, a pioneer in new ways to employ adults with intellectual disabilities (some more than mild). They pay competitive wages in environments that give them skills to move into other jobs, and social contact with each other and non-disabled peers. They have about 60 employees at present and are looking to expand. Admittedly, most of the employees have an intellectual disability. Lisa also led the formation of an I/DD Nonprofit Leadership group serving the Triangle. The group of some two dozen entities meets in person annually and communicates virtually frequently. Lisa is also a volunteer leader in Orange County Democrats—every aspiring Democrat seeks her endorsement and comes to her events! Most importantly, Lisa is the parent of a young man with autism, still in high school. As such, she has led the school district's Special Needs Advisory Council in the past and remains very active with the school system.

# **Supporting Information**

Identify three (3) individuals who have knowledge of the efforts of the nominee.

NOTE: It is encouraged that individuals submit a short statement (maximum 300 words) in support of the nominee. Statements should include specific examples of work the nominee has done to influence positive change in the lives of people with intellectual and other developmental disabilities.

. Indi	vidual 1 - Please provide the following information:
•	Full Name City Zip Phone, and
•	Email Address
Plea. *	se see next question for short statement submission.
Cha 275 She	Ireland pel Hill 17 doesn't give out her phone number andfamilyfoundation@gmail.com
	vidual 1 - Please provide a short supporting statement of why this nominee should be the
	ient of the NC Leadership Achievement Award.
recip  If sen  subm	pient of the NC Leadership Achievement Award.  ding an attachment via email, please write "Sending supporting documents via email" in the text box. Please wit your supporting documents by July 10, 2024 to <a href="mailto:awards@nccdd.org">awards@nccdd.org</a> and include the name of the Award and inee in the Subject Line (Example: Leadership Award Documents - John Doe) *
If sen subm Nom	ding an attachment via email, please write "Sending supporting documents via email" in the text box. Please it your supporting documents by July 10, 2024 to <u>awards@nccdd.org</u> and include the name of the Award and
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If sensubm Nom	ding an attachment via email, please write "Sending supporting documents via email" in the text box. Please it your supporting documents by July 10, 2024 to awards@nccdd.org. and include the name of the Award and inee in the Subject Line (Example: Leadership Award Documents - John Doe) *  ding supporting documents via email  vidual 2 - Please provide the following information:  Full Name City Zip Phone, and

12. **Individual 2** - Please provide a short supporting statement of why this nominee should be the recipient of the NC Leadership Achievement Award.

If sending an attachment via email, please write "Sending supporting documents via email" in the text box. Please submit your supporting documents by July 10, 2024 to <a href="mailto:awards@nccdd.org">awards@nccdd.org</a> and include the name of the Award and Nominee in the Subject Line (Example: Leadership Award Documents - John Doe)

\*

Sending supporting documents via email	Sending	supporting	documents	via	email
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- 13. Individual 3 Please provide the following information:
  - Full Name
  - City
  - Zip
  - Phone, and
  - Email Address

Please see next question for short statement submission. \*

Nick Nickerson Chapel Hill 27517 (919) 656-7774 nicknick99@aol.com

14. **Individual 3** - Please provide a short supporting statement of why this nominee should be the recipient of the NC Leadership Achievement Award.

If sending an attachment via email, please write "Sending supporting documents via email" in the text box. Please submit your supporting documents by July 10, 2024 to <a href="mailto:awards@nccdd.org">awards@nccdd.org</a> and include the name of the Award and Nominee in the Subject Line (Example: Leadership Award Documents - John Doe) \*

Sending supporting documents via email

#### **Personal References**

Identify three (3) individuals as personal references who may be contacted to help evaluate the qualifications of the nominee.

#### 15. **Individual 1** - Please provide the following information:

- Full Name
- Phone
- Email Address

\*

Jess Anderson Mayor Chapel Hill (857) 636-8323 jcooperanderson@gmail.com

#### 16. Individual 2 - Please provide the following information:

- Full Name
- Phone
- Email Address

\*

Allen Buansi State Representative, Orange County Chapel Hill (919) 672-6802 allen.buansi@ncleg.gov

### 17. **Individual 3** - Please provide the following information:

- Full Name
- Phone
- Email Address

\*

Jamzetta Bedford Chair, Orange County Commissioners Chapel Hill (919) 360-9498 jamezettab@gmail.com

#### Nominator Information

	Carol Conway
19.	Title/Relationship to the nominee *
	Chair, PACID (Lisa is a member)
20.	Email *
	carol.ann.conway@gmail.com
21.	Organization (if applicable):
	PACID: Parent Advocates for Adult Children with I/DD
22.	Street Address *
	102 Rhododendron Ct
23.	City *
	Chapel Hill
24.	Zip Code *
	27517
25.	Phone Number *
	9193608278
26.	Email Address *
	carol.ann.conway@gmail.com

18. Full Name \*

27.		
	I've read and followed the submission guidelines for my application to be considered for the 2024 Advoca and Leadership Awards. I understand my application will not be considered if the following documents are	
	completed or submitted to NCCDD by July 10, 2024.	
	☐ Section 1: Completed Nominee Information	
	☐ Section 2: Completed with Listing of Qualifications	
	☐ Section 3: Completed with Short Statements of Support	
	☐ Section 4: Completed Personal References	
	□ Submitted ON OR PRIOR TO, Wednesday, July 10, 2024.	
	*	
	Section 1: Completed Nominee Information	
	Section 2: Completed 'Listing of Qualifications'	
	Section 3: Completed 'Short Statements of Support' (emailed to <a href="mailto:awards@nccdd.org">awards@nccdd.org</a> )	

Section 4: Completed Personal References

Submitted on or Prior to Wednesday, July 10, 2024