**Jack B. Hefner Memorial Award
2017 Nomination Application**

*The Jack B. Hefner Memorial Award honors an outstanding North Carolina advocate whose actions have improved the quality of life for people with intellectual and other developmental disabilities. The award will be presented at the annual meeting of the NC Council on Developmental Disabilities on November 1, 2017 in Cary, NC, beginning at 5:30 p.m.*

**Section 1. Nomination Form:**

Name of Nominee

Name (as you wish it to appear on award)

Home address

City State \_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone Number

The nominee is an:

\_\_\_\_\_Individual with an intellectual or other developmental disability

\_\_\_\_\_Family member of a person with an intellectual or other developmental disability

**Section 2. Listing of Qualifications**

Please attach as a separate document a brief description (not to exceed 300 words) of the qualifications of the nominee for this award. Give specific information about the nominee’s activities in improving lives of people with intellectual or other 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 area of intellectual or other developmental disabilities.
* List nominee’s volunteer experience

**Section 3**. Supporting Information or References

Identify **three** individuals who have personal knowledge of the efforts of the nominee.

Name

Home Address

City State\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

Phone number Name

Home Address

City State\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

Phone number

Name

Home Address

City State\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

Phone number

**Nomination Submitted by:**

Full name

Organization (if applicable)

Title/relationship to nominee

Home Address

City State\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

Phone number

Submit all pages of this application by **Monday,** **September 18, 2017** in one of the three ways:

* Email the nomination application and listing of qualifications to Travis Williams, Systems Change Manager at travis.williams@dhhs.nc.gov and info@nccdd.org
* Fax the nomination application and listing of qualifications to 919-850-2915. Please include cover sheet indicating your name and total number of pages.
* Mail the nomination application and listing of qualifications to:

North Carolina Council on Developmental Disabilities (NCCDD)

ATTN: NCCDD Advocacy & Leadership Awards

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