**Helen C. “Holly” Riddle Distinguished Service Award
2017 Nomination Application**

*The Helen C. “Holly” Riddle Distinguished Service Award is presented to an outstanding North Carolina professional whose work has 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

Nominee’s place of business

Nominee’s title

**Section 2. Listing of Qualifications**

Please attach as a separate document 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 other developmental disabilities, including examples of significant contributions and leadership. Please include the following:

* List nominee’s professional experience, contributions and other distinguishing professional characteristics
* Areas of strength, leadership and innovation in the area of intellectual and other developmental disabilities
* List nominee’s distinguishing personal characteristics, advocacy work and other activities in the area of intellectual and other developmental disabilities

**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

It is encouraged that references 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.

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

North Carolina Council on Developmental Disabilities (NCCDD)

ATTN: NCCDD Advocacy & Leadership Awards

3125 Poplarwood Circle, Suite 200

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