



AWARD TO ENHANCE THE LIVES OF DISABLED PERSONS

Information Sheet

Purpose: The purpose of the National Organization on Disability (NOD) Awards competition is to confer national recognition on organizations, such as The American Legion, for their involvement in enhancing the lives of disabled persons by providing opportunities for their participation in community activities. Any Legion project or program that improves the quality of life for disabled persons will be considered.

History: Since 1987, American Legion posts have competed for prizes through the Awards Program. NOD will continue to award certificates to the winners, and all nominees and their departments will receive American Legion citations of appreciation.

Criteria: All entries must be accompanied by an official nomination form (see the following page) and must not be longer than two pages of narrative. Supporting documents, which may also be submitted with the nomination, must not exceed ten pages.

Deadline: The deadline for submission of nominations of the Award to Enhance the Lives of Disabled Persons is no later than **January 15th**. Nominations received after that date will not be eligible for consideration for the national award.

Procedure: Nominations from posts, or other sources must be sent to department headquarters. The department then selects **one** nominee and sends the winning nominations with their supporting information to the Veterans Employment and Education Commission. Either the department adjutant or department employment chairman must sign the nomination. Nominations that arrive without supporting information **will not** be eligible for the national awards.

Nomination Form: A copy of the official nomination form will follow. Additional copies may also be obtained by writing or calling the Veterans Employment and Education Commission, The American Legion, 1608 K Street NW, Washington, DC 20006; phone 202-861-2700, or online at VE&E@legion.org

Award: The commission provides free plaques to each department that submits nominations. It is recommended, however, that posts and departments recognize their other nominees with plaques or awards that can be purchased for a nominal cost through

NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION
1608 K STREET NW
WASHINGTON, DC 20006

OR FAX TO 202.861.0404
OR E-MAIL A SCANNED COPY
VE&E@LEGION.ORG

DEPARTMENTS MAY REPRODUCE ALL FORMS FOR WIDER DISTRIBUTION

Emblem Sales. The National Winner will receive a large plaque to be presented by the National Commander at the annual National Convention and will receive a stipend to help defray the cost of their representative's travel to the convention city to accept the award.

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Nomination Form

The National Organization on Disability awards certificates to organizations that significantly improve the ability of persons with disabilities to participate in the public life of the community. The purpose of that program is to confer national recognition on private sector organizations, like The American Legion, for their efforts to enhance the lives of disabled persons.

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Post's name, number, address and telephone number:

Post's membership: _____ How many members worked on this project? _____

Name and daytime telephone number of the Post's Commander:

Name, title, address and daytime telephone number of the person making the nomination:

Describe what your nominee has done that makes that American Legion post or employer worthy of one of this award. What special accommodations have you included for your workforce? What specific project has that post or employer instituted that enhances the lives of disabled persons by helping them to participate in community activities? Was this solely a post project or were other community organizations involved? What tangible assets were involved in your nominee's project (e.g., volunteer hours, funds, etc.)? What measurable impact, if any, has your nominee's project had on the community as a whole? What measurable impact on disabled veterans, if any? Please limit your written narrative to two pages.

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Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Award to Enhance the Lives of Disabled Persons. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the National Award to Enhance the Lives of Disabled Persons winner.

Nominations by Posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____



**NOMINATION TO ENHANCE THE LIVES OF THE DISABLED
AWARD CONTINUED**

Legion Post's name and number: _____

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company or firm: _____

2. Business address: _____

3. Name and title of company's contact person: _____

4. Telephone number: _____

5. Type of business: _____

6. Total employees: _____ Disabled employees _____

THE NOMINEE SHOULD BE A COMPANY OR FIRM, NOT AN INDIVIDUAL

7 Give reasons why you feel this nominee should receive this year's award to enhance the lives of the Disabled. Include a brief summary of the company's policies and records, which qualify it, such as hiring, promotion, retention, and affirmative employment policies. Attach additional pages if necessary.

8 Please print clearly the exact name and address of nominated firm

FIRM NAME: _____

CITY & STATE: _____

Nomination submitted by: _____ Date: _____

Title: _____ Telephone No.: _____

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