

**2010 SOMERSET COUNTY DISABILITY ADVOCATE AWARDS  
DISABILITY ADVOCATE AWARD NOMINATION FORM  
Individuals, Businesses or Organizations  
Nomination Deadline September 15, 2010**

Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Type of Nominee (Circle One):      Individual      Business or Organization

Nominator's  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_

The nominee is being submitted for the following reason and/or action:

- \_\_\_\_\_ For outstanding service demonstrating significant impact in meeting the needs of Somerset County citizens with disabilities
- \_\_\_\_\_ For making a commitment to promote positive awareness of the needs of Somerset County citizens with disabilities.
- \_\_\_\_\_ For their advocacy on behalf of, or other exemplary support of Somerset County citizens with disabilities

Please use the space below to describe how the nominee has met the criteria as specified above and give any additional information that should be considered. If possible or applicable, please attach copies of any supporting documentation.

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Please submit your nomination to: Somerset County Office for the Disabled, P.O. Box 3000, Somerville, NJ 08876. You may also fax your nomination to 908-704-1629.  
Questions: 908-704-6334.

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Date Received in SCOFD \_\_\_\_\_ (SCOFD completion only)