

ND APSE: The Network on Employment
"BEST OF THE BEST"
2006 Entrepreneur Recognition Awards



Person Completing This Form

Name: _____
Title: _____
Agency: _____
Address: _____
Phone: _____

Please nominate **a business owner with disabilities** for the North Dakota APSE: The Network on Employment's "BEST OF THE BEST" Award.

Entrepreneur with Disabilities:

Name: _____
Address: _____
Phone: _____

Describe the person's previous AND current employment. Include positions held, and responsibilities/duties, and length of employment:

Describe the business owned by the entrepreneur with disabilities (i.e., number of employees, number of people employed with a disability, product or services provided, hours worked by the entrepreneur each week, profits, length of time owned).

Describe any unique/innovative placement, accommodations, or support:

Describe the success of the business related to the business owner's growth in employment skills, self-concept, and independence in the community:

Describe the employee's attitude and any other indicators of excellence:

Please return to ND APSE: The Network on Employment by March 20, 2006:

ND APSE: The Network on Employment
PO BOX 992
Bismarck, ND 58502-0992