

Simsbury Aging and Disability Commission

Ability Awareness Award

Nomination Form

Please return to Simsbury Social Services Office
754 Hopmeadow Street
Simsbury, CT 06070
Reply no later than Sept 15th, 2014

Nomination Criteria:

- A person(s) who is a resident, or who is active in the Simsbury community and
- A person who has contributed to the lives of a person(s) with a disability or
- A Simsbury resident who has made a significant contribution

Name: _____

Nominee's Address _____

Nominee's Phone Number: _____

Best way to contact Nominee for notification of award: _____

Please describe the nominee's action/deed(s). Please be as specific as possible. If necessary, please use additional sheets

Name, phone number and e-mail address of person completing form (optional)
