



Governor's Committee on Disability Issues and Employment

TOBY OLSON LIFETIME IMPACT AWARD

Letter of Intent

I wish to nominate the following person for the Toby Olson Lifetime Impact Award. I believe they embody the qualities and characteristics of the late Toby Olson, a giant in the field of disability. They have a minimum of ten years in the field of disability with documented accomplishments of direct actions that have dramatically changed the lives of those in the disability community.

Person Nominated: _____

Phone: _____ Email: _____

Nominator

Name: _____ Phone: _____

Nominator's Address: _____ Nominator's Email: _____

What is your relationship to the nominee? _____

How long have you known the nominee or their work? _____

In the box below please state, in 500 words or less, your reasons for wanting to nominate this person. Please describe the person's accomplishments which have changed the lives of those in the disability community by expanding their rights, inclusion, and socioeconomic integration.

- By submitting this Letter of Intent, I attest the information I am providing is accurate and complete.

Nominator's Signature

Date