

# Increasing Access and Opportunity

*Celebrating 30 years of  
The American Disabilities Act*

## Harford County Commission for Disabilities Employment Committee

### MEDIA AWARD

This award is given to an individual or organization that has significantly contributed throughout the year with programming, media coverage, or sponsorships of advertisement to promote employment of or change attitudes toward individuals with disabilities.

- a. Nominations **MUST** be on designated forms; alternative formats available.
- b. Duplicate forms if additional copies are needed.
- c. Print or type complete answers on ALL questions.
- d. Attach additional pages/documentation if necessary.
- e. Mail, email or fax completed forms to:  
Commission on Disabilities | 125 N. Main Street | Bel Air, MD 21014  
disability@harfordcountymd.gov | 410-803-0433 Fax

f. **Nominations must be received by Friday, October 9, 2020**

1. Nominee's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
2. If Nominee is an individual:  
Name: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Type of Media \_\_\_\_\_
4. Explain in detail how the nominee has significantly contributed to changing attitudes toward individuals with disabilities:



**Barry Glassman**  
County Executive

**Amber Shrodes**  
Director, Community Services

### Commission on Disabilities

Harford County Department of Community Services  
[www.harfordcountymd.gov/services/disabilities](http://www.harfordcountymd.gov/services/disabilities)  
410 638 3373

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Employment Committee

**MEDIA AWARD**

5. Explain in detail how the nominee's activities at the local or national level have promoted employment of people with disabilities. Include specific examples:
  
  
  
  
  
  
  
  
  
  
6. How would this nominee's selection for the Media Award advance individuals with disabilities in employment development and/or life quality?

Nominator's Name: \_\_\_\_\_

Nominator's Title: \_\_\_\_\_

Nominator's Organization/Business (if applicable) \_\_\_\_\_

Please contact me at the following:

Email \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date



**Barry Glassman**  
County Executive

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