WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

Division of Aging & Disability Services Advisory Council on Disabilities

165 County Rte. 519 So. Belvidere, NJ 07823 908-475-6591

"Thomas M. Kennedy, Excellence in Accessibility Award"

Nomination Form

Nominations are due by August 29, 2025. Please send completed form to:

Warren Co. Div. of Aging & Disability Services 1 Shotwell Drive Belvidere, NJ 07823

Or email completed nomination form to seniorservices@co.warren.nj.us

Name and Address of individual completing nomination form for a place of						
public accommodation:						
Phone:						
Email:						
Name and Address of Nominee:						
Name of Business Owner(s) / Principal Contact:						
Phone:						
Website:						
Year the business / organization was built:						

Justification for the Nomination

Complete the following in its entirety. Attach additional pages if necessary.

I. 				ke the building / site accessibany available funds, grants,		
II.	Respond to the following categorical criteria related to the nominated place of public accommodation:					
	A.	A. Access to the accommodation from the sidewalks or parking area (e.g., ramps, accessible parking, wide entrance).				
			Yes	No		
<u>C</u>	omment	<u>ts</u>				
_						
	В.	Access to racks).	o goods or servic	es (e.g. interior ramps, arran	gement of	
			Yes	No		
<u>C</u>	<u>omment</u>	<u>ts</u>				

Yes _____ No ____ **Comments** D. Removal of any other barriers. Yes _____ No ____ **Comments** Please indicate any other notable accessible features, accommodations or any additional information that you would like to provide. This may include comments about customer service, attitudes, and all efforts to go above and beyond the bare minimum of accessibility.

C. Access to restrooms.