



The Corporation of the Town of Cobourg
Legislative Services Department
55 King Street
West Cobourg, ON
K9A 2M2

Accessibility Awards Program Application

The Town of Cobourg Accessibility Awards recognize individuals, organizations, and businesses that have made outstanding contributions to improving accessibility for persons with disabilities in our community.

To complete the application process, please submit the completed Accessibility Awards Program Application Form to the Municipal Clerk via email at clerk@cobourg.ca, or in person or by mail to 55 King Street West, Cobourg, ON K9A 2M2.

Eligibility Criteria

Nominees must:

- Be a Cobourg resident, organization, or business
- Have demonstrated accessibility contributions within the past three (3) years
- Not have accessibility-related responsibilities as part of their paid role, unless demonstrating exceptional contributions outside their formal job duties

I confirm that the nominee meets the eligibility criteria listed above

Award Candidate Nominee Information

Name of Nominee: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Primary): _____ Telephone (Other): _____

Email Address: _____

Award Category (select one):

- Community Member
- Youth (under 18)
- Community Organization
- Community Business

Has the nominee previously received a Town of Cobourg Accessibility Award?

Yes No Unsure

Nominator Information

Full Name of Nominator: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Primary): _____ Telephone (Other): _____

Email Address: _____

Nomination Details

Nominations will be evaluated based on demonstrated efforts to identify and remove barriers to accessibility across one or more of these areas: the built environment, customer service, education, employment, and information and communication. The selection process will prioritize initiatives that create meaningful, inclusive, and equitable access for persons with disabilities, with clear evidence of impact within the Cobourg community.

What makes this individual, organization or business a viable candidate for this award? Please specify:

In what way(s) does the individual, organization or business enhance or improve accessibility for persons with disabilities?

Signature of Nominator

I, _____ confirm that to the best of my knowledge, all information in this Accessibility Awards Program Application is complete and correct and that the nominee has been informed of and consents to this nomination.

Signature: _____ Date: _____

Privacy Statement

Personal information on this form is collected pursuant to the *Municipal Act, 2001*, S.O. 2001 c.25, as amended and will be used to contact you and the person you have nominated concerning The Town of Cobourg's Accessibility Award Program. Questions about this collection should be directed to The Town of Cobourg's Deputy Clerk at clerk@cobourg.ca or by phone at 905-372-4301 ext. 9520.