**2025 GOLD Awards Nomination Form**

**(Please Print)**

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| **Nominee’s Information** |
| **Name:** | Click here to enter the name |
| **Address:** | Click here to enter the address |
| **City, LA: Zip** | Click here to enter the city and zip |
| **Phone Number:** | Click here to enter the phone number |
| **Email:** | Click here to enter the email |

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| Is the Nominee aware they are being nominated? | YES [ ]  NO [ ]  |
| Which award are you nominating the person/organization/animal? | Choose an item.  |

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| **Your Information**(Nominators must be present at the ceremony and provide an introduction if the nominee is selected.) |
| **Name:** | Click here to enter your name |
| **Address:** | Click here to enter your address |
| **City, LA: Zip** | Click here to enter your city and zip |
| **Phone Number:** | Click here to enter your phone number |
| **Email:** | Click here to enter your email |

 **Nominations are due by Monday, November 3, 2025**

Submit nominations to:

Disability.affairs@la.gov

Or mail to

Governor’s Office of Disability Affairs

1051 N. 3rd St, Suite 136

Baton Rouge, LA 70802

**Incomplete packets will not be considered.**

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| **All nomination packets must include the following:** 1. Completed nomination form. 2. Letter of recommendation describing the nominee’s achievements and contributions. 3. Letters of support from others. |