



2010  
**DISABILITY MATTERS**

**Marketplace Award Application**

*Application Submission Deadline – Monday, February 15, 2010*

“Initiative to Market Products and/or Services to Individuals who have a Disability or who have a Dependent with Special Needs”

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**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

**CONTACT INFORMATION:**

Individual Responsible for Special Needs

Initiative:

Contact Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Individual Completing Awards

Application:

Contact Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Fax:

\_\_\_\_\_

**SPECIAL NEEDS INITIATIVE:**

Name (if any): \_\_\_\_\_

Launch Date: \_\_\_\_\_

Annual Budget: \_\_\_\_\_

Product(s) or Service(s) you are marketing to the Special Needs community. Please describe in detail (submit samples, if applicable – i.e.: Advertisements, Brochures, Other collateral):

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Segment of the community targeted and why?:

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Geographic Reach -  National  Local *(check box to select)*

If local, please provide specifics:

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Timing -  Evergreen/Ongoing  One-Time Event/Campaign  Other  
*(check box to select)*

Please describe:

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Please describe how this initiative fits with the company's mission, vision and company's overall marketing strategy:

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Number of individuals involved with this initiative (please provide names and respective titles) and what percentage of their time is spent on this initiative:

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If an outside Marketing/Advertising/Public Relations agency or Consulting firm is used for this campaign, please provide name and address of firm and other contact info of firm or agency, length of time they have worked with you on this initiative and what aspects of the initiative they are responsible for:

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Annual revenue generated from this initiative and process used for tracking and measuring results. If initiative is not for purpose of revenue generation, please indicate why and describe purpose (Corporate Social Responsibility), cause, and/or other) criteria for success, measurement tools used, results and satisfaction with those results:

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**Please describe the company's intent/purpose in marketing to the Special Needs community:**

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**Please list strategies for communication, advertising, promotion and public relations. (Please submit samples of each including any electronic materials – i.e.: advertisement, social media, and/or direct mail):**

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**If your firm partners with non-profit organizations that support the Disability Community, please list the name and location and nature of the organization who it serves and its geographic reach. Also describe the partnership and how long it's been in effect:**

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**Please describe the initiative's growth strategy (include timing, market share, etc):**

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**Please provide any additional information you think would be helpful in consideration of this award:**

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**SUBMITTER INFORMATION (Should we need additional information):**

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**SUBMITTER APPROVAL (Authorized signer must be an officer of the company):**

**I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION PROVIDED ON PAGES 1 through 5 OF THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF KNOWLEDGE. I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED THE PROVISIONS, AND HAVE VOLUNTARILY SIGNED THIS AGREEMENT.**

**Signature:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*Please complete the Marketplace application and email to [ivette@consultspringboard.com](mailto:ivette@consultspringboard.com). Any questions, please call Ivette Lopez at 973-813-7260 x. 102.*

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