



An Initiative of



## Partnership Application

Business or Organization:

Address:

Contact Name & Title:

Phone Number:

E- mail:

Website address:

1. Why is your business interested in the **Together We Can** partnership?
2. How does your business promote diversity and inclusion of all customers and employees?
3. What is the mission/vision of your business or organization?
4. Does your business or organization employ persons with disabilities? If so, in what capacity?
5. Are your business or organization, and the services it provides, fully inclusive and accessible (physically, culturally, financially, etc.) to all customers and employees?

If not, why?

6. How will your business or organization, customers and employees, benefit from a **Together We Can** partnership?
7. Is your business or organization interested in taking advantage of a **Together We Can** survey to guide future inclusion planning?