



**INDIAN RIVER COUNTY CHAMBER OF COMMERCE
2017 INDUSTRY APPRECIATION AWARDS
“MINORITY BUSINESS OF THE YEAR”
NOMINATION FORM**

All areas MUST be completed, and nomination signed (page 3), to be considered

PLEASE NOTE: If your company was recognized with an Industry Appreciation Award between 2011 and 2016, we ask that you let other local businesses participate!

COMPANY NAME: _____
(Please print or type)

CEO or MANAGER’S NAME and TITLE: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

BUSINESS E-MAIL: _____

NUMBER OF EMPLOYEES (in Indian River County): _____

YEAR ESTABLISHED IN INDIAN RIVER COUNTY: _____

TYPE OF BUSINESS (must be Minority owned*): _____

**(As per FL Statute, at least 51% owned by persons who are members of a particular racial, ethnic, or gender makeup or national origin)*

I. ESTIMATED ECONOMIC IMPACT

AVERAGE ANNUAL WAGE OF INDIAN RIVER COUNTY EMPLOYEES, EXCLUDING OWNERS. The county’s average annual wage is \$39,390, not including benefits (check one)

75% to 99.99% of county average annual wage (\$29,542 - \$38,996)

100% to 149.99% of county average annual wage (\$39,390- \$58,691)

150% or more of county average annual wage (\$59,085+)

ESTIMATED PAYROLL TAXES \$ _____

DO YOU: OWN YOUR PROPERTY? _____ LEASE YOUR PROPERTY? _____

FROM PROPERTY/INTANGIBLE TAXES PER YEAR: \$ _____

ESTIMATED VALUE OF ANNUAL PURCHASES WITHIN INDIAN RIVER COUNTY AS A
PERCENT OF GROSS REVENUE: _____%

SUCCESS OF COMPANY WITHIN YOUR INDUSTRY:

Increased sales or revenue past year (%): _____

Increased market size past year (%): _____

II. CORPORATE CITIZENSHIP

Check your company's local affiliations through membership or contribution

____ Chamber(s) of Commerce

____ Local/Regional Trade Associations (name): _____

____ Other (please list): _____

____ Involvement in local charities (name them): _____

____ Company's volunteerism in the community: _____

____ Contributions made to programs, non-profits, and/or charities **in Indian River County** past 12
months (cash/in-kind value): \$ _____

III. EMPLOYEE WORK ENVIRONMENT:

Benefits (check each that apply)

____ Retirement plan

____ Flex-time

____ Continuing education

____ Medical

____ Family leave

____ Employee recognition

____ Dental

____ Employee discounts

____ Other non-wage compensation: _____

NOMINATION SUBMITTED BY:

I verify that the above information is true and accurate to the best of my knowledge

Submit Completed form to:

Indian River County Chamber of Commerce
Economic Development Office
1216 21st Street, Vero Beach, FL 32960
Phone: 772-567-3491 - Fax: 772-778-3181
directored@indianrivered.com

**PLEASE NOTE: Forms must be received by 5pm on
Friday July 28, 2017**

**The Industry Appreciation Awards Luncheon is scheduled for
Thursday, September 21, 2017**

**Award recipients will be notified in advance of the Awards
Luncheon so as to make appropriate arrangements to attend**