

INDIAN RIVER COUNTY CHAMBER OF COMMERCE 2024 INDUSTRY APPRECIATION AWARDS

"COMPANY OF THE YEAR" NOMINATION FORM

All areas on this form MUST be completed and nomination signed (page 3) to be considered – Please review Checklist on the last page

PLEASE NOTE: If your company was recognized with an Industry Appreciation Award in a similar category between 2018 and 2023, we ask that you let other local businesses participate!

COMPANY NAME:(Please print or type)					
CEO or MANAGER'S NAME and TITLE:					
ADDRESS:					
OFFICE PHONE:		CELL PHO	NE:		
BUSINESS E-MAIL:					
NUMBER OF EMPLOYEES					
Total, company-wide:					
# of full-time	# of part-time		# of 1099		
Total, Indian River County only:					
# of full-time	# of part-time		# of 1099		
YEAR ESTABLISHED IN INDIAN RIVER COUNTY:					
WHAT INDUSTRY ARE YOU IN? (Must be a for-profit entity):					

PLEASE ATTACH A COPY OF YOUR CURRENT BUSINESS LICENSE

I. ESTIMATED ECONOMIC IMPACT

OWNERS. The county's average annual wage is \$54,317 (\$26.11/hour), not including					
benefits (check one)					
75% to 99.99% of county average annual wage (\$40,738 - \$53,774) 100% to 149.99% of county average annual wage (\$54,317 - \$80,932)					
ESTIMATED PERCENTAGE OF ANNUAL PURCHASES MADE WITHIN INDIAN RIVER					
COUNTY:%					
SUCCESS OF COMPANY WITHIN YOUR INDUSTRY:					
Increased sales or revenue past year (%):					
Increased market size past year (%):					
Other industry or corporate awards received in past 5 years? Please list:					
II. CORPORATE CITIZENSHIP – Any additional info needed for Committee consideration can be continued on additional sheets Your company's local affiliations through membership or contribution – check each tha	•				
applies					
Chamber(s) of Commerce					
Chamber(s) of Commerce Local/Regional Trade Associations (name them):					
Local/Regional Trade Associations (name them):					

Contributions made to program	s, non-profits, and/or charities	s <mark>in Indian River County</mark> past 12
months (cash/in-kind value): \$		
EMPLOYEE WORK ENV (check each that apply)	VIRONMENT/BENEFIT	rs:
Retirement plan	Vision care	Employee discounts
Medical	Flex-time	Continuing education
Dental	Family leave	Employee recognition
Other non-wage compens	sation:	
NOMINATION SUBMITTED BY	/ :	
I verify that the submitted in	information is true and accura	ate to the best of my knowledge

Please review the Checklist on the next page prior to submission

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

helenec@indianrivered.com

PLEASE NOTE: Forms must be received by 5pm on Wednesday, July 31st, 2024 (preferably via email)

The Industry Appreciation Awards Event is scheduled for Thursday, October 3rd, 2024

Award recipients will be notified in advance of the Awards Event, to make arrangements to attend

Photos of the award recipients will be taken directly preceding the Awards Event and immediately following the event

2024 INDUSTRY APPRECIATION AWARDS NOMINATION FORM CHECKLIST

Did you remember to attach:

Copy of your business license

Company logo (in color, if possible)

Additional information on your company for the Committee to consider – awards, recognitions, positive peer reviews

Thank you!