



**INDIAN RIVER COUNTY CHAMBER OF COMMERCE
2025 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 2019 and 2024, 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 PHONE:** _____

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

AVERAGE ANNUAL WAGE OF INDIAN RIVER COUNTY EMPLOYEES, EXCLUDING 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)
- 150% or more of county average annual wage (\$81,475+)
-

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 that applies

____ Chamber(s) of Commerce

____ Local/Regional Trade Associations (name them): _____

____ Others (please list): _____

Involvement in local charities (name them): _____

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

EMPLOYEE WORK ENVIRONMENT/BENEFITS:

(check each that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Retirement plan | <input type="checkbox"/> Vision care | <input type="checkbox"/> Employee discounts |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Flex-time | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Family leave | <input type="checkbox"/> Employee recognition |
| <input type="checkbox"/> Other non-wage compensation: _____ | | |

NOMINATION SUBMITTED BY:

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

Please review the Checklist on the next page prior to submission

Submit the Completed form to:

Indian River County Chamber of Commerce
Economic Development Office
1216 21st Street, Vero Beach, FL 32960
Phone: 772-567-3491

info@indianrivered.com

PLEASE NOTE: Forms must be received by 5pm on Friday, July 18th, 2025 (preferably via email)

The Industry Appreciation Awards Event is scheduled for Thursday, September 25, 2025

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

2025 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