



**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

(Continued on next page)

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): _____

(Continued on next page)

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)

____ Retirement plan	____ Vision care	____ Employee discounts
____ Medical	____ Flex-time	____ Continuing education
____ Dental	____ Family leave	____ Employee recognition
____ 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 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**

(Continued on next page)

**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

Thank you and Good Luck!