



**INDIAN RIVER COUNTY CHAMBER OF COMMERCE
2024 INDUSTRY APPRECIATION AWARDS
“MANUFACTURER 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 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: _____

PLEASE ATTACH A COPY OF YOUR CURRENT BUSINESS LICENSE

SIC CODE: _____ **(or) NAICS:** _____

PRODUCT(S) MANUFACTURED: _____

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: _____%

% OF PRODUCT DISTRIBUTED OUTSIDE REGION (outside Brevard, Indian River, St. Lucie, Martin counties) _____%

% OF PRODUCT DISTRIBUTED OUTSIDE FL _____%

% OF PRODUCT DISTRIBUTED OUTSIDE U.S. _____%

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): _____

(Continued on next page)

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): \$_____

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 - 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**

(Continued on next page)

**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!