



**INDIAN RIVER COUNTY CHAMBER OF COMMERCE
2025 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 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: _____

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): _____

____ 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)

- | | | |
|---|---------------------------------------|---|
| <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 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 5 pm 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

**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