

INDIAN RIVER COUNTY CHAMBER OF COMMERCE 2025 INDUSTRY APPRECIATION AWARDS "MINORITY BUSINESS 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!

EO or MANAGER'S NAME a	and TITLE:		
ADDRESS:			
FICE PHONE:		CELL PHONE:	
BUSINESS E-MAIL:			
NUMBER OF EMPLOYEES			
Fotal, company-wide:			
# of full-time	# of part-time	# of 1099	
Total, Indian River County or	nly:		
		# of 1099	

WHAT INDUSTRY ARE YOU IN? (Must be a for-profit entity): ____

*(As per *FL Statute*, a Minority Business is at least 51% owned by persons who are members of a particular racial, ethnic, or gender makeup or national origin)

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): _____

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 com	pensation:	

NOMINATION SUBMITTED BY:

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

Submit Completed form to: Indian River County Chamber of Commerce Economic Development Office 1216 21st Street, Vero Beach, FL 32960 Phone: 772-567-3491 <u>helenec@indianrivered.com</u>

Please review the Checklist on the next page prior to submission

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

Thank you and Good Luck!