



**INDIAN RIVER COUNTY CHAMBER OF COMMERCE
2018 INDUSTRY APPRECIATION AWARDS
“MANUFACTURER OF THE YEAR” AWARD
NOMINATION FORM**

All areas MUST be completed, and nomination signed (page 3), to be considered

PLEASE NOTE: If your company was recognized with an Industry Appreciation Award in a similar category between 2013 and 2017, we ask that you let other local businesses participate!

COMPANY: _____
(Please print or type)

**CEO or PLANT
MANAGER:** _____
(Circle one)

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

NUMBER OF EMPLOYEES (Indian River County only): _____

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 \$40,043, not including benefits (check one)

75% to 99.99% of county average annual wage (\$30,032 - \$40,039)

100% to 149.99% of county average annual wage (\$40,043- \$60,060)

150% or more of county average annual wage (\$60,065+)

(continued on next page)

ESTIMATED PAYROLL TAXES: \$ _____

ESTIMATED VALUE OF ANNUAL PURCHASES WITHIN INDIAN RIVER COUNTY AS A PERCENT OF GROSS REVENUE: _____%

DO YOU: OWN YOUR PROPERTY? _____ LEASE YOUR PROPERTY? _____

PROPERTY/INTANGIBLE TAXES PER YEAR: \$ _____

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

% OF PRODUCT DISTRIBUTED OUTSIDE FL _____%

% OF PRODUCT DISTRIBUTED OUTSIDE U.S. _____%

GROWTH OF COMPANY WITHIN ITS INDUSTRY:

Increased sales or revenue past year (%): _____

Increased market size past year (%): _____

Recognition/awards within your industry (please list): _____

Innovations within the past 12 months (products, processes, people) _____

II. QUALITY OF JOBS

Benefits (check each that apply)

____ Retirement plan ____ Flex-time ____ Continuing education

____ Medical ____ Family leave ____ Employee recognition

____ Dental ____ Employee discounts

____ Other non-wage compensation: _____

(continued on next page)

III. CORPORATE CITIZENSHIP

Check your company's affiliations through local membership or contribution

____ Chamber(s) of Commerce

____ Local/Regional Trade Associations (name): _____

____ Other (please list): _____

Involvement in local charities (name them): _____

NOMINATION SUBMITTED BY:

I verify that the above 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 - Fax: 772-778-3181

directored@indianrivered.com

**PLEASE NOTE: Forms must be received by 5pm on
Tuesday, July 31, 2018**

**The Industry Appreciation Awards Luncheon is scheduled for
Thursday, September 20, 2018**

**Award recipients will be notified in advance of the Awards
Luncheon so as to make appropriate arrangements to attend**

Thank you!