



SMALL BUSINESS OF THE YEAR AWARD

APPLICATION GUIDELINES

The Daytona Regional Chamber of Commerce is now accepting applications for the 2019 Small Business of the Year Awards. Completing this application is a wonderful exercise in reviewing the strengths of your business. The process may help you identify some marketable assets within your organization that you had not previously considered. Participation in this award's program is a positive experience not only for you as the business owner, but for your employees as well. In addition, valuable marketing exposure through a variety of opportunities is granted to the finalists and winners.

To participate in this prestigious awards program, you must complete the application below and **submit via mail (postmarked) or email (received) by Friday, August 16, 2019.**

Mail to:

Small Business of the Year Awards
Attn: Ken Phelps, Events Director
Daytona Regional Chamber of Commerce
126 E. Orange Ave.
Daytona Beach, FL 32114

E-mail:

ken@daytonachamber.com

OBJECTIVE

To recognize and honor businesses who have demonstrated exemplary "Best Practices." We have two awards categories; Companies with 1-10 employees or Companies with 11-50 employees.

CRITERIA

- Any for-profit business headquartered in Volusia County
- The applicant must be the owner, partner, or major shareholder of the business and active in its day-to-day operations
- The business must be financially stable and in operation for a minimum of three years
- Businesses must be a current Member in good standing of the Daytona Regional Chamber at time nominees are announced
- Past Small Business of the Year Award recipients may not re-apply

JUDGING ELEMENTS

- Overall business growth and performance
- Use of sound business strategies and practices
- Effective techniques and practices for customer service
- Response to business challenges
- Unique and innovative approaches to business
- Community involvement and contribution
- Employee relations

JUDGING PROCESS

- After qualifying all applicants, judges with business expertise from outside of the region will select the finalists and the winners of each category.

SELECTION RECOGNITION

Finalists shall receive:

- Recognition through Chamber marketing initiatives in advance of the event

Award Winner shall receive:

- Small Business of the Year Award plaque
- Recognition through Chamber marketing initiatives in advance of and following the event
- Two (2) complimentary seats at the Annual Awards Luncheon
- Recognition at the Chamber's Annual Dinner Meeting (2020)
- Two (2) admissions to the 2020 Business Smarts Education and Training Series
- Four (4) ads to be placed in the Chamber E-Brief (once per quarter in 2020)

TIMELINE (2019)

- Applications must be submitted by Friday, August 16
- Finalists will be announced during the week of Monday, September 30
- Winners will be announced during the week of Monday, October 14
- Annual Awards Luncheon: Friday, November 1 – 11:30am – 1:00 pm

If you have any questions, please contact Ken Phelps, Events Director at 386-523-3675.

APPLICATION

Include no more than **SEVEN** pages along with this application, plus **ONE** company brochure.
APPLICANTS MUST FOLLOW STATED INSTRUCTIONS.

BUSINESS INFORMATION

Company Name: _____

Office Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Owner/Principal's Name: _____

Owner/Principal's Title: _____

Owner/Principal's Phone: _____

Owner/Principal's E-mail: _____

PERSON COMPLETING APPLICATION INFORMATION

Name & Title: _____

Phone: _____

E-mail: _____

This application is a submission for the following category (circle one):

- **1-10 Employees**
- **11-50 Employees**

“Employee” is defined as: one full-time employee; two part-time employees are equivalent to one full-time employee.

To ensure confidentiality, only assigned Chamber Staff along with the selected Judges will review and verify the information contained in the application.

I, _____, acknowledge the information provided in this application is true and factual to the best of my knowledge.

Applicant's Signature: _____

GENERAL INFORMATION:

Year Established: _____
SIC or NAISC Code(s): _____
Type of Business (i.e. manufacturing, retail, service, etc.): _____
Main Product(s) and/or Service(s): _____
Company Website: _____

** Data below should be based on information relevant to the conclusion of the business' most recent fiscal year prior to January 1, 2019. This information will be kept in strict confidence and shared only with the individuals judging the applications.*

	Gross Revenue,	% Increase,	# of Employees
2016	_____ ,	_____ ,	_____
2017	_____ ,	_____ ,	_____
2018	_____ ,	_____ ,	_____

What percentage of your current business comes from the following:

Volusia County _____ Florida (outside Volusia Co.) _____
United State (outside Florida) _____ International _____

Has your company had any unresolved complaints filed with the Better Business Bureau in the last five years? _____

EMPLOYEE RELATIONS:

BENEFITS OFFERED TO EMPLOYEES

- | | |
|------------------------------|----------------------------------|
| ____ Health Insurance | ____ Policy or Employee Handbook |
| ____ Dental Insurance | ____ Vacation Time |
| ____ Life Insurance | ____ Sick Time |
| ____ Disability Insurance | ____ Personal Time |
| ____ Cafeteria Plan | ____ Flexible Work Schedule |
| ____ 401(k) | ____ Employee Assistance Program |
| ____ Stock Option | ____ Company Car |
| ____ Profit Sharing Programs | ____ Other _____ |

TRAINING AND EMPOWERMENT OPTIONS

- | | |
|---|---|
| <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Team Bonus |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Company Loans/Continuing Education |
| <input type="checkbox"/> Skill Set Training | <input type="checkbox"/> Reimbursement/Certification Training |
| <input type="checkbox"/> Diversity/Sensitivity Training | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Customer Relations Training | <input type="checkbox"/> Other _____ |

OTHER BENEFITS

- | | |
|---|---|
| <input type="checkbox"/> Loan Forgiveness Program | <input type="checkbox"/> Personal Concierge Service for Employees |
| <input type="checkbox"/> On-site Daycare Services | <input type="checkbox"/> Employee Recognition Programs |
| <input type="checkbox"/> Time Off for Community Service | <input type="checkbox"/> Other _____ |

REFERENCES:

CUSTOMER REFERENCE:

Business Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

PROFESSIONAL REFERENCE:

Business Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

VENDOR REFERENCE:

Business Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

INSTRUCTIONS FOR NARRATIVES:

- All narrative information must be typed, and presented in 12-pt. font, double-spaced.
- Please use no more than one page per question.
- Please use the headings below as headings for each narrative
- By submission of your application, you authorize use of excerpts for marketing initiatives. (Any financial data provided will **not** be shared without your expressed prior permission to do so.)

BUSINESS PROFILE:

Describe your business, including but not limited to its history, its products and/or services offered. Consider including what makes your business stand out, what about your business makes you proud, what awards and recognitions your company has received and to what you attribute the success of your business.

OVERALL BUSINESS GROWTH AND PERFORMANCE:

Describe growth and/or stability for the business, number of employees, sales volume, location (possible expansion), revenue, and expanded or enhanced services to clients. Give examples.

USE OF SOUND BUSINESS STRATEGIES AND PRACTICES:

Describe the strategic vision and management philosophy. Give examples.

EFFECTIVE TECHNIQUES AND PRACTICES FOR CUSTOMER SERVICE:

Describe your approach to customer service, both internal and external, giving innovative and creative examples. Give examples.

BUSINESS CHALLENGES:

Describe challenges your business has faced and how they're being addressed. Give examples.

UNIQUE AND INNOVATIVE APPROACHES TO BUSINESS:

Describe innovation and creativity in areas of product development, marketing, etc. used in your business. Give examples.

COMMUNITY INVOLVEMENT AND CONTRIBUTION:

Describe your business' community involvement and corporate citizenship. Give examples.