



SMALL BUSINESS OF THE YEAR AWARD

APPLICATION GUIDELINES

The Daytona Regional Chamber of Commerce is now accepting applications for the 2016 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 each applicant and winner.

To participate in this prestigious awards program you must complete the application below and **submit via any method as noted no later than Monday, September 13, 2016** to the following:

Postal Mail:
Small Business of the Year Awards
Daytona Regional Chamber of Commerce
126 E. Orange Ave.
Daytona Beach FL 32114
Fax: (386) 258-5104
Phone: (386) 523-3681
E-mail: johnna@daytonachamber.com

OBJECTIVE

To recognize and honor businesses who have demonstrated exemplary "Best Practices."

CRITERIA

- Any for-profit business headquartered in the region
- 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
- Past Small Business of the Year recipients may not apply
- Businesses must be a current Member in good standing of the Daytona Regional Chamber at time nominees are announced

JUDGING ELEMENTS

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

JUDGING PROCESS

- After qualifying all applicants, an evaluation team outside of Chamber Membership and staff will select the semi-finalists and the winners of each category.

SELECTION RECOGNITION

Semi-Finalists shall receive name recognition:

- During the Chamber's Annual Award Luncheon.
- Within Chamber marketing initiatives and promotions for the program.

Award Recipients shall receive:

- Small Business of the Year Award plaque
- Feature within Chamber marketing initiatives including, but not limited to official Press Release, electronic and print newsletters, social media posts, etc.
- Feature in Chamber Annual Business Report 2017
- Mention at Chamber's Annual Dinner Meeting 2017

TIMELINE

- Applications must be submitted by September 5, 2016
- Semi-Finalists will be announced in October
- Annual Awards Luncheon: Wednesday, November 2, 2016

If you have any questions, please contact Johnna McCarthy, Events & Communications Director, 386.523.3681

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:

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

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

Only assigned Chamber Staff along and the specially selected Judges will review and verify this information, which will be kept confidential.

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 businesses' most recent fiscal year prior to January 1, 2016.*

	Gross Revenue,	% Increase,	# of Employees
2013	_____	_____	_____
2014	_____	_____	_____
2015	_____	_____	_____

What percentage of your current business comes from the following:
Daytona Beach _____ Volusia County _____ Regional _____
Florida _____ National _____ International _____

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

EMPLOYEE RELATIONS:

BENEFITS

- | | |
|-------------------------------|-----------------------------------|
| _____ 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

- | | |
|--------------------------------------|--|
| _____ Leadership Training | _____ Team Bonus |
| _____ Computer Training | _____ Company Loans/Continuing Education |
| _____ Skill Set Training | _____ Reimbursement/Certification Training |
| _____ Diversity/Sensitivity Training | _____ Tuition Reimbursement |
| _____ Customer Relations Training | _____ Other _____ |

OTHER BENEFITS

- | | |
|--------------------------------------|--|
| _____ Loan Forgiveness Program | _____ Personal Concierge Service for Employees |
| _____ On-site Daycare Services | _____ Employee Recognition Programs |
| _____ Time Off for Community Service | _____ Other _____ |

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.
- Minimum type size is 10 pt.
- Spacing must be at least 1.5 or double spaced.
- 200 words or less per element.
- By submission of narratives, you authorize use of excerpts for marketing initiatives.
- Label which of the seven elements you are describing in each narrative.

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 what you attribute the success of your business to.

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. you use in your business. Give examples.

COMMUNITY INVOLVEMENT AND CONTRIBUTION:

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