

# 22<sup>ND</sup> ANNUAL SMALL BUSINESS AWARDS FOR-PROFIT APPLICATION FORM



## ELIGIBILITY

A completed application package must be submitted. Failure to complete all sections of the application form may disqualify the nominee.

Nominees must have been in business a **minimum of three years** and headquartered in the NewVa region (Roanoke and surrounding areas). Other eligibility requirements specific to your industry are listed in the letter enclosed with your application. If you have additional questions, call Taryn Anderson at 540.983.0717 ext. 239.

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
(List as it should appear on your award.)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_

## BUSINESS DESCRIPTION

Describe your business in approximately 50 words. What do you want people to know about your business? What does your business do? What makes it unique? The Chamber may use this information to promote your business during the awards dinner, in *Business Connections* magazine, and on [www.roanokechamber.org](http://www.roanokechamber.org).

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## AWARD CATEGORIES

Choose the category that best describes your business.

(Nominees may be moved to other categories at the discretion of the selection committee.)

- |                                                                |                                                        |
|----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Construction/Real Estate              | <input type="checkbox"/> Manufacturing                 |
| <input type="checkbox"/> Micro-Business (5 or fewer employees) | <input type="checkbox"/> Technology                    |
| <input type="checkbox"/> Business-to-Business Services         | <input type="checkbox"/> Business-to-Consumer Services |
| <input type="checkbox"/> Wholesale/Retail                      |                                                        |

If your business is a **not-for-profit** or has been **continuously operating for 50+ years**, call Taryn Anderson at 540.983.0717 ext. 239 to obtain the correct not-for-profit or legacy application form.

## **AWARD CRITERIA**

Please complete this section on separate page(s) and attach to this form. By submitting a completed application packet, you certify that the information provided herein is true and correct to the best of your knowledge.

**Tell your story!** Remember that selection committee members make their selection solely on the information you provide in this section. Do not assume the selection committee knows anything about your business. Also, be clear and concise with your information. When using a fact, back it up with numbers and/or graphs when applicable.

**Please note that the percentage to the left of each item indicates the weight assigned to it by the selection committee. However, each question plays a valuable role in choosing the category award winner.**

- 35% Increase in Sales and/or Unit Volume:** Please provide information indicating continued growth.  
*For example: What percentage of growth has the company experienced? How does the percentage compare to actual revenue growth?*
- 30% Staying Power:** Please provide a brief company history and describe your major products and/or services. Include any responses to adversity as an established business.  
*For example: How long has the company been in business? Has the company survived economic down times? Has there been a change in ownership due to unforeseen circumstances? How has the company overcome adversity?*
- 20% Growth in Number of Employees:** Please describe the impact of the business on the job market.  
*For example: Is employment stable? Is the company using outside labor pools in addition to employees? Include number of employees and percentage of growth.*
- 10% Innovativeness of Product or Service Offered:** How is the business unique or innovative?  
*For example: Has the company evolved and changed the way it does business to grow or stay in business? Has the company developed a product or process that gives the company a competitive advantage?*
- 5% Contributions by Business to Community-Oriented Projects:** Describe ways in which the business has contributed to the community to overcome social or environmental problems.  
*For example: Is the business giving time or financial assistance to community organizations? Does the company encourage employees to volunteer on company time? (Do not include volunteer activities of individual employees, unless volunteer activities are encouraged on company time.)*

**Additional Information:** List or explain anything else you would like the selection committee to know about the business and/or its employees. (Limit additional information to 700 words.)

## **FINANCIAL DATA**

Financial data, consisting of three years of balance sheets and income statements, will only be required of the overall Small Business of the Year winner. The Roanoke Regional Small Business Development Center will contact the overall winner for its financial data to compete in the Virginia Small Business Administration's State Competition.

## **APPLICATION PACKET**

The deadline for submitting your application packet is **Thursday, July 17 at 5 PM**. Only completed application packets will be accepted. A completed application packet contains 10 individual copies of this completed form with separate page(s) for award criteria attached (see above). Letters in support of your application or any additional materials are not required, but must be submitted with your application packet and are limited to five pages. Each individual application should not measure more than 9" by 12". If you have additional questions, call Taryn Anderson at 540.983.0717 ext. 239.

## **PHOTOS FOR PRESENTATION**

Pictures are not required for the application process; however, if you have high resolution digital pictures of your business and/or your employees in their field, please submit these with your application on a compact disc (only one copy is needed). The Roanoke Regional Chamber may use these pictures to promote your business during the awards dinner, in *Business Connections* magazine, and on [www.roanokechamber.org](http://www.roanokechamber.org).

# 22<sup>ND</sup> ANNUAL SMALL BUSINESS AWARDS DINNER RESERVATIONS



**Your small business' accomplishments will  
be recognized in front of more than 600 attendees.**

**Tuesday, September 30**

The Hotel Roanoke & Conference Center

Cocktails at 6 PM / Dinner at 7 PM

\$49.50/person; \$396/table of eight; \$495/table of ten

*Every eligible nominee who submits a completed application packet will be included in the video presentation, receive a personalized crystal award, and be featured in the Chamber's Business Connections magazine.*

Special thanks to our sponsors:



**DINNER RESERVATIONS MUST BE RECEIVED BY SEPTEMBER 12**

*Return by fax to 540.983.0723,*

*or by mail to Roanoke Regional Chamber of Commerce, 210 S. Jefferson St., Roanoke, VA 24011-1702,  
or register online by visiting [www.roanokechamber.org](http://www.roanokechamber.org) and click on Chamber Store.*

Name(s): \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Form of payment (Circle One):      Check Enclosed      VISA      MasterCard      AMEX      Discover

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

*No refunds or cancellations after Friday, September 12.  
Non-attendance does not alleviate balance due.*

**ROANOKE REGIONAL CHAMBER OF COMMERCE**

210 S. JEFFERSON STREET □ ROANOKE, VIRGINIA 24011-1702

540.983.0700 EXT. 239 □ FAX 540.983.0723 □ [SBDC@ROANOKECHAMBER.ORG](mailto:SBDC@ROANOKECHAMBER.ORG)