

22ND ANNUAL SMALL BUSINESS AWARDS NOT-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 operation a **minimum of three years** and headquartered in the NewVa region (Roanoke and surrounding areas). If you have questions, call Taryn Anderson at 540.983.0717 ext. 239.

ORGANIZATION INFORMATION

Organization 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 Operation: _____ IRS Status: _____

Number of Full Time Employees: _____ Number of Volunteers: _____

List sources of funding and percentages of total funding: _____

Does the organization have a strategic plan? _____

What is the organization's primary mission? _____

ORGANIZATION DESCRIPTION

Describe the not-for-profit organization in approximately 50 words. What do you want people to know about the organization? What does the organization do? What makes it unique? The Chamber may use this information to promote the organization during the awards dinner, in *Business Connections* magazine, and on www.roanokechamber.org. _____

AWARD CATEGORIES

Choose the category that best describes the organization.

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

_____ Not-For-Profit, Health & Human Services

_____ Not-For-Profit, Arts & Culture

*If your organization is a **for-profit**, call Taryn Anderson at 540.983.0717 ext. 239 to obtain the correct for-profit 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 the organization. Also, be clear and concise with your information. When using a fact, back it up with numbers and/or graphs when applicable.

As you complete the following section, demonstrate how the organization functions as a business.

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.

30% Economic Impact: Please describe the impact of the organization on the NewVa region's economy.

20% Increase in Programs and/or Services: Please provide information indicating continued growth.

15% Staying Power: Please provide a brief organizational history and describe the organization's major programs and/or services.

10% Response to Adversity: Please describe challenges the organization has met and how the organization overcame them.

10% Need for Programs or Services: How do the organization's programs and/or services address community need?

10% Innovativeness of Funding Techniques: Please describe recent successes in unique funding techniques.

5% Collaborative Projects: Provide examples of innovative collaborative projects.

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

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 organization 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.

22ND ANNUAL SMALL BUSINESS AWARDS DINNER RESERVATIONS



**Your organization's 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 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