



## SMALL BUSINESS OF THE YEAR AWARD

### APPLICATION GUIDELINES

The Daytona Regional Chamber of Commerce is now accepting applications for the 2017 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 Friday, September 1, 2017.**

**Mail to:**

Small Business of the Year Awards  
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 semi-finalists and the winners of each category.

## SELECTION RECOGNITION

Semi-Finalists shall receive:

- Small Business Finalists recognition at the Annual Awards Luncheon
- Recognition through Chamber marketing initiatives and promotions in advance of the event

Overall Award Recipients shall receive:

- Small Business of the Year Award plaque
- Recognition through Chamber marketing initiatives and promotions in advance and post event
- Recognition at the Chamber's Annual Dinner Meeting (2018)

## TIMELINE (2017)

- Applications must be submitted by September 1
- Semi-Finalists will be announced no later than October
- Annual Awards Luncheon: Thursday, October 26 – 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:

- 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 businesses' most recent fiscal year prior to January 1, 2017.*

	Gross Revenue,	% Increase,	# of Employees
2014	_____ ,	_____ ,	_____
2015	_____ ,	_____ ,	_____
2016	_____ ,	_____ ,	_____

What percentage of your current business comes from the following:

Volusia County \_\_\_\_\_ Florida \_\_\_\_\_ 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**

- |  |  |
|--|--|
| <input type="checkbox"/> Health Insurance        | <input type="checkbox"/> Policy or Employee Handbook |
| <input type="checkbox"/> Dental Insurance        | <input type="checkbox"/> Vacation Time               |
| <input type="checkbox"/> Life Insurance          | <input type="checkbox"/> Sick Time                   |
| <input type="checkbox"/> Disability Insurance    | <input type="checkbox"/> Personal Time               |
| <input type="checkbox"/> Cafeteria Plan          | <input type="checkbox"/> Flexible Work Schedule      |
| <input type="checkbox"/> 401(k)                  | <input type="checkbox"/> Employee Assistance Program |
| <input type="checkbox"/> Stock Option            | <input type="checkbox"/> Company Car                 |
| <input type="checkbox"/> Profit Sharing Programs | <input type="checkbox"/> 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
- Minimum type size is 10 point
- Spacing must be at least 1.5 or double spaced
- 200 words or less per element (no more than one page)
- By submission of narratives, you authorize use of excerpts for marketing initiatives (Revenue data will not be shared)
- 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 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.