## **Suppliers of the Year Awards Program**

**MBE Nominee Profile Worksheet**

**2025**

**Instructions:** Based on corporate recommendation, this form is to be filled out by nominee with council staff assistance. The worksheet must be typed. For items 3-7, please provide a separate statement for each section-not to exceed 250-300 words.

**SECTION 1 - CATEGORY/CLASS: *Please type (x) to select the class for this nominee***

Annual Sales Less Than $1 Million **CLASS I**

Annual Sales Between $1 Million and $10 Million **CLASS II**

Annual Sales Between $10 Million and $50 Million **CLASS III**

Annual Sales Greater Than $50 Million **CLASS IV**

**SECTION 2 – GENERAL NOMINEE INFORMATION:**

**Nominee**

Principal Officer/Owner                  j

*First M.I. Last*

Title:

Company:

Business Address:

*City State Zip Code*

Telephone: (     )       Fax: (     )      E-mail:

**Race/Ethnic Identification:** *Please be sure to type an (X) in the appropriate box.*

African American  Asian Indian American  Asian Pacific American

Hispanic American  Native American

Gender: Male  Female

Date Certified:       In good standing? YES NO

**Note: A copy of the nominee's current certificate must accompany the form to verify certification status.**

**SECTION 3 - BUSINESS GROWTH AND DEVELOPMENT: *(35 POINTS) Please tell us about the nominee’s business***

**Date Established:**       **Years under operation with the present owner:**

**Business Type:** *Please be sure to type an (X) in the appropriate box.*

**TYPE:**

ARCHITECT/ENGINEER  MANUFACTURER

BROKER  RETAILER

CONSULTANT  SERVICE (non-professional)

CONSTRUCTION  WHOLESALER

DISTRIBUTOR  OTHER

**MBE NOMINEE PROFILE WORKSHEET PAGE 2**

In the space below, please give a “concise” description of your company’s product(s) or service(s). Limit 75 words:

**SALES AND MARKET GROWTH (GROSS SALES):** *Please use actual dollar amounts, not words in the appropriate box.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 | 2025  (Projected) |
| Totals: | $ | $ | $ |  |

**EMPLOYMENT/JOB CREATION HISTORY:** *Please tell us about the nominee’s ability to create jobs over the past* ***three*** *years.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Non-Minority  Minority  Totals | 2022 | 2023 | 2024 | 2025  (Projected) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 4 - OPERATIONS: (30 POINTS)** *Please give us in-depth view of this nominee’s business:*

List five major customers and products supplied to the public/private sector. If available provide letters of recommendation.

|  |  |  |  |
| --- | --- | --- | --- |
| Major customers | Products/Service Supplied | Recommendation Letter  Yes/No | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**BUSINESS PERFORMANCE:**

1. Identify **3-5** outstanding business performance in the areas of quality, products/services, delivery, competitiveness and servicing. Describe how the service has helped grow the business:

**MBE NOMINEE PROFILE WORKSHEET PAGE 3**

B. List **2-4** innovative approaches, cost-saving ideas or unique specified services the company has provided to their customers

C. What obstacles and adversities has nominee overcome? (Please explain process of overcoming obstacles and adversities and what was the impact on nominee's business growth. Limit 250 words).

**OTHER CONSIDERATIONS:**

Describe any other examples that demonstrate nominee's business performance and why the nominee should be considered.

**SECTION 5 - MBE TO MBE PURCHASES: *Required for all award nominees* (15 POINTS)**

*Please describe the nominee’s direct spend activity with other minority owned businesses***)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 | 2025  (Projected) |
| Total dollars spent with other MBEs: | $ | $ | $ | $ |
| Total procurement spend: | $ | $ | $ | $ |

Describe 3-5 initiatives and/or special assistance nominee has provided to other MBEs over the past two – three years.

**SECTION 6: COMMUNITY INVOLVEMENT**

**(10 POINTS)**

Describe 3-5 the ways in which the nominee has used his/her entrepreneurial skills and

creativity to help improve the quality of life and overcome obstacles in his/her

community.

Describe the strategy implemented, resources committed (financial and human), community organization and the benefits derived.

Enclosed are 3-5 references on nominee's major community accomplishments for the

past 3 years:  YES  NO

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**REGIONAL COUNCIL INVOLVEMENT (10 POINTS)**

Describe 2-5 ways in which the nominee has actively participated in the regional council

and contributed to the regional council attaining its mission, objectives and goals.

Describe the resources committed (financial and human) and the benefits derived.

Enclosed are 3-5 references on nominee's major regional council accomplishments for the

past 3 years:  YES  NO

To raise the visibility of the finalists selected for the Supplier of the Year Awards at the annual NMSDC Conference and for promotional purposes, it is necessary that we receive quality copies of newspaper and magazine articles, photographs, corporate brochures and identity/promotional packages and a copy of the nominee’s certification certificate/letter. Please submit no more than 10 items.

**SECTION 8: NOMINATOR INFORMATION (CORPORATE)**

Name:

*First M.I. Last*

Title:

Company:

Street Address:

*City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Truth of Information/Release** **(To be completed by nominee)**

The information provided is true and complete to the best of my knowledge and belief. I

agree that if I am selected as a Regional or National award recipient, I hereby authorize the release and use, in connection with the NMSDC Supplier of the Year program of my name, company name, likeness, recording of my voice and photographs, including video tapes or other forms of media, which may be taken of me, and I agree that no compensation shall be due me or my company for such usage. However, all financial information shall remain confidential unless I agree to its release.

Nominee's Signature:

Regional Council:

Regional Council Contact:

Regional Council Telephone: (     )      Fax:(     )      E-mail: