



Minority Business Advocate of the Year Award Official Application Form

Company Name: _____ Year established: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Web Site: _____

Owner/Key Executive: _____ Title: _____

Are you currently a member of the Mobile Area Chamber of Commerce? Yes No

For all information requested below, use the space provided or attach a typed document.

Please provide a brief description of your business activity, primary products and/or services. (100 words or less)

(Each line is a separate form field or use separate paper.)

Describe your company's existing goals in dollars or percentage for utilizing local minority-owned businesses.

(Each line is a separate form field or use separate paper.)

List and describe future changes in your procurement that will help facilitate continued progress in developing new and innovative minority-owned business recruitment.

(Each line is a separate form field or use separate paper.)

(complete other side)

Minority Business Advocate of the Year Award

Community Contribution: List other local community service activities in which your company is involved.

(Each line is a separate form field or use separate paper.)

Provide details of any existing program or future plans you have to mentor or partner with a local minority-owned business:

(Each line is a separate form field or use separate paper.)

Financial Data

Financial information is an important quantifiable indicator of success for the judging panel, therefore, it is required that the Financial Data Section be completed in full. All financial information provided will be used exclusively by the judging panel and solely for the purpose of consideration for the Minority Business Advocate of the Year award. Financial information will be kept strictly confidential and will not be released. These figures should include contracts to local minority-owned businesses only.

<u>Fiscal Year-End:</u>	<u>Contract Amounts to Minority-Owned Businesses (2010)</u>	<u>Charitable Contributions to Minority Community (2010)</u>
<u>Minority Group</u>		
African-American	\$ _____	\$ _____
Women-Owned	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

Total local expenses for fiscal year 2010 _____

Authorization and Consent

If I am selected as a Minority Business Advocate of the Year award winner, I hereby authorize the use of my name, my company's name, non-financial information, photographs, video recordings and audio recordings of me from whatever source, in connection with the Mobile Area Chamber of Commerce's Minority Business Advocate of the Year award program. I agree that no compensation shall be due me or my company for any such usage.

Truth of Information Release

By signing below, I agree that to the best of my knowledge the information provided herein is true and complete.

Signed: _____ Title: _____

Please return completed applications by mail or fax:

Mobile Area Chamber of Commerce, Attn: Small Business Development Department

451 Government Street Mobile, AL 36602

Fax: 251-431-8646

Applications may also be completed online at www.mobilechamber.com.

Questions?
Call 251-431-8652