



2019 FRANK G. BERLIN, SR. SMALL BUSINESS AWARDS

2019 Frank G. Berlin, Sr.
HEALTH CARE/WELLNESS Organization of the Year Award
Award Sponsored by: Lakewood Ranch Medical Center

Eligibility Criteria:

Eligible applicants must be a member of The Chamber in good standing on all commitments; have an active and operating organization in the field of health and wellness; have no more than 75 employees; and must be in business for a minimum of three (3) years.

The Award is presented to the company. Previous winners are eligible again 5 years after receiving the award. Current employees and officers of the Greater Sarasota Chamber of Commerce and their respective companies are ineligible for the Small Business of the Year Awards. *Note: Finalists may be asked to provide additional documentation.*

Application Guidelines:

- \$15 fee to apply.
- Applications must be submitted on one (1) USB drive.
- Maximum number of pages should not exceed 12 pages.
- Optional additional pages (photographs, news articles, product samples, etc.) may be placed at the end of your application. Do not place exhibits within the context of your application.
- The judges do consider the neatness, professionalism, and completeness of your application.
- **DEADLINE for Submissions: Monday, March 25, by 4:00 p.m.**

Please provide the following information about your company:

Company Representative: _____ Title: _____

Name of Business: _____

DBA: _____

Business Address: _____

Business Telephone: () _____ Fax: () _____

E-mail: _____ Facebook: _____ Twitter: _____

Date Business Established: (Month) _____ (Year) _____

Years Served in Present Position: _____ Number of Employees: _____

Are you currently involved in litigation or a lawsuit? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Check or Credit card number must be received at time of application submission to qualify.

Name on Card: _____ Card #: _____ Exp: _____



2019 FRANK G. BERLIN, SR.
SMALL BUSINESS
AWARDS

**2019 Frank G. Berlin, Sr.
Health Care/Wellness Organization of the Year Application**

All Information Provided Herein Will Be Held In Strict Confidence.

1. **General Business Information:** Describe the nature of your business (including products, services, markets) and a brief history of the business.

2. **Recent Business History** – Complete the data below as a benchmark to judge the impact in the community and the local job market.

| | 2016 | 2017 | 2018 |
|---|-------------|-------------|-------------|
| a) Number of Employees | _____ | _____ | _____ |
| b) Gross Sales Volume (by range) | | | |
| Ranges: | | | |
| Less than \$100,000 | _____ | _____ | _____ |
| \$101,000 - \$499,000 | _____ | _____ | _____ |
| \$500,000 - \$1,000,000 | _____ | _____ | _____ |
| More than \$1,000,000 | _____ | _____ | _____ |
| c) Actual Percentage Growth in Revenue | _____ | _____ | _____ |



3. **Business Management:** Describe how you manage your staff and business. You can include staff retention techniques, personnel development programs, continuing education, employee incentives, internal policies, social media reviews and comments, positive publicity, etc. In an ever challenging labor market, what steps will you take to become the employer of choice in the area?

4. **Innovation/Problem Solving:** Give at least one example of challenges faced by your company and the solutions implemented to resolve them; and/or something your company did this past year to enhance your company, including illustrations of creativity and imagination.

5. **Community Involvement:** Describe your company's involvement in charitable organizations, volunteer activities, sponsorships, collaborations with others in the community, or anything else that demonstrates your active participation and support of the greater Sarasota community.

6. **Growth/Strategic Planning:** What are your company's goals over the next few years? How will you execute your strategic plan?

7. **Please provide any additional information not previously covered.**

I affirm that all of the information stated in this application is truthful, accurate and verifiable and I allow the release of general information (question 1) for publicity purposes.

Applicant's signature

Date