Please complete this form by typing in the fields. Save the file to your local hard-drive and then email a copy to northwest@isbdc.org.

If you are unsure about nominating a candidate or have any questions, contact us at (219) 644-3513 or northwest@isbdc.org. Thank you.

Eligible: Family-owned and operated small businesses that have been passed on from one generation to another. Nominee must be majority owner with at least 10-year track record.



## **Cover Sheet**

AWARD:Family Owned Business
NOMINEE INFORMATION
FULL NAME(S)
TITLE
BUSINESS NAME
BUSINESS ADDRESS
PHONE
EMAIL
BUSINESS WEBSITE
YEARS IN BUSINESS
BRIEFLY DESCRIBE NOMINEE'S BUSINESS:
s.
HAS NOMINEE RECEIVED SBA ASSISTANCE If yes, describe type of assistance and the year(s) provided.
NOMINATOR INFORMATION
FULL NAME
TITLE
BUSINESS
ADDRESS
PHONE
EMAIL

BIOGRAPHY: Brief biography of the Family Owned Business nominee.
BUSINESS PROFILE: Profile your business, when and how it was started, what the company sells, what markets you serve, how you have succeeded.
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FAMILY OWNERSHIP OF BUSINESS: Explain how the business has been passed on to another generation.
Provide evidence of success as measured by sales and profits.

	FINANCIAL SU	MMARY	
Year	2020	2021	2022
Number of Employees			
Total Sales			
Net Profit (Before Tax)			
Total Assets			
Total Liabilities			
Net Worth			

**Kept Confidential** 

Increased employment opportunities for family members and non-family members for the nominee's business. Show growth in family member and other employment over time.

Demonstrated potential necessary for long-term business success and economic growth – How does your company expect to succeed and grow in the future?
How has the nominee had a financial, physical, legal, or other crisis while in business? Please explain the situation and actions taken to resolve it.

w voluntary efforts within the community or other significant community involvement
any other aspects of the nominee's business & personal story that would support the ination.
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