

Please complete this form by typing in the fields. Save the file to 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: Nominee must be majority owner of a small business and considered a minority under the code of Federal Regulations (CFR) such as Black Americans, Hispanic Americans and Native Americans. This form can also be used for Woman Owned businesses.



Cover Sheet

AWARD: Minority Owned Business

FULL NAME _____

TITLE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

PHONE _____

EMAIL _____

BUSINESS WEBSITE _____

YEARS IN BUSINESS _____

BRIEFLY DESCRIBE NOMINEE'S BUSINESS:

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 Minority 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.

Provide evidence of success as measured by sales and profits, including current and past financial position.

FINANCIAL SUMMARY			
Year	2021	2022	2023
Number of Employees			
Total Sales			
Net Profit (Before Tax)			
Total Assets			
Total Liabilities			
Net Worth			

Kept Confidential

Increased employment opportunities/growth in employees – Explain how you have grown 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 the business? Please explain the situation and actions taken to resolve it.

Describe contributions to the local community and community-oriented projects.