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 socially or economically disadvantaged and serve as a majority owner responsible for operating a small business with at least a three-year track record. A Woman Owned business may be considered.



## **Cover Sheet**

AWARD: Underserved Small Business
FULL NAME
TITLE
BUSINESS NAME
BUSINESS ADDRESS
PHONE
EMAIL
BUSINESS WEBSITE
YEARS IN BUSINESS
BRIEFLY DESCRIBE NOMINEE'S BUSINESS:
<del>2</del>
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 Underserved Owned Business nominee.
biography of the onderserved 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.
What markets you serve, now you have succeeded.

Provide e	vidence of	success as	measured	by sales	and profits,	, including	current and	past
financial								-

FINANCIAL SUMMARY						
Year	2022	<b>202</b> 3	2024			
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 grow over time.	n
Demonstrated notential necessary for long-term business success and economic growth	
Demonstrated potential necessary for long-term business success and economic growth How does your company expect to succeed and grow in the future?	_
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ow has the nominee had a financial, physical, legal, or other crisis while in the usiness? Please explain the situation and actions taken to resolve it.	
escribe contributions to the local community and community-oriented projects.	