

Please complete this form by typing in the fields. Save the file 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: A small business must be at least 51% owned and run by a U.S. veteran, service-disabled veteran, reservist, or active-duty service member with at least a three year track record.



Cover Sheet

AWARD: Veteran Owned Business

NOMINEE INFORMATION

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 Veteran 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 consistent overall growth in both number of employees and sales.

FINANCIAL SUMMARY			
Year	2023	2024	2025
Number of Employees			
Total Sales			
Net Profit (Before Tax)			
Total Assets			
Total Liabilities			
Net Worth			

Kept Confidential

Describe ways your company has been innovative. 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.

Demonstrate contributions to the community. Please highlight any community activities related to veterans