

Augusta Metro Chamber of Commerce 2018 Augusta's Entrepreneur

Presented by



The Augusta Metro Chamber of Commerce Augusta's Entrepreneur award recognizes an entrepreneur who has distinguished themselves not only by their success in business, but also by their creativity, innovative spirit and community involvement.

Eligibility

To be eligible for the Augusta's Entrepreneur award, the applying entrepreneur must meet requirements as follows:

- Owner, partner or major shareholder of the business, and active in its day-to-day operations.
- The business must be a member of the Augusta Metro Chamber of Commerce at the time the award is presented.
- The business must be financially stable and operational for a minimum of 12 months.

Judging Elements

Eligible applicants will be judged on the following:

- Use of unique and innovative business development practices/models
- Business growth and performance
- Community image, impact, involvement and contribution
- Operational excellence

Applications must be RECEIVED by Friday, November 16, 2018 to be eligible.

Completed applications may be faxed, emailed or mailed to the Chamber.

Augusta Metro Chamber of Commerce
Attn: Sabrina Balthrop
P. O. Box 1837
Augusta, GA 30903
Phone: (706) 821-13180 Fax: (706) 821-1330
Email: sabrina.balthrop@augustametrochamber.com

All information is kept **CONFIDENTIAL** and will not be released or used without written consent from the participant.



Contact Information*

*Should you be selected, the Chamber will contact you using the information provided below.

Name: _____ Title: _____

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Business Information

Year Established: _____

Type of Business (ie: manufacturing, retail, service): _____

Main product(s) and/or service(s): _____

Number of Employees (2018): Full-time _____ Part-time: _____

Total Number of Employees: 2015 _____ 2016 _____ 2017 _____

Gross Revenue: 2015 _____ 2016 _____ 2017 _____ 2018 _____ (YTD)

Please list three (3) customers/clients:

| Name/Business Name | Address | Telephone |
|--------------------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Community Service

Please identify the programs applicable to you and to your employees using the checklist below. Indicate percentage or amount provided by employer where applicable.

- | | |
|---|---|
| _____ Paid time off for community service | _____ Board involvement |
| _____ Financial support of non-profit organizations | _____ Employer matching program for charitable giving |
| _____ Company-wide or team community service projects | _____ Pro Bono service or products to benefit nonprofit organizations |

Applicant Name: _____

Entrepreneurial Approach

Describe yourself as an Entrepreneur.

Business Culture & Values

1. Please write and attach a brief history of your business and description of operations (limit to 2 pages).

Please include the following:

- a) To what do you attribute your success?
- b) What challenges have you/your business faced and how did you overcome them?
- c) How do you differentiate your business?
- d) Describe how you have been an advocate to the Chamber and/or to the Augusta community? How much business do you do in the CSRA and how much revenue do you bring into the community?

2. Please provide documentation for any associations, achievements, honors or awards. Copies of Certificates, Recognition, Awards etc. may be attached.

- a) Civic and Service Associations
- b) Trade/Professional Associations
- c) Achievements, Honors and Awards

3. Please attach any additional supporting documentation. You may include company brochures, awards, thank you letters, letters of recommendation, etc.