



**SMALL BUSINESS
CELEBRATION**

APPLICATION

KC Chamber Small Business Awards Application - 2019

Contact Information

To avoid error messages, please remember EVERY blank field must have something in it (0 or n/a is okay). To leave this survey and come back, you do not need to do anything to save the information, as long as you re-enter using the same link and on the same device that you used to start the application.

Business Name:

Name and title of owner(s)/principal(s):

- Mr./Ms.
- Mr./Ms.
- Mr./Ms.

Percentage of ownership:

-
-
-

Business Contact Information:

Phone and fax *MUST* be in the form of xxx-xxx-xxxx.

Address

City

State

Zip

Business Phone

Fax

Email Address

Website

Please designate one contact person, name to be used for marketing and publicity purposes:

Email address for company contact to be used for marketing and publicity purposes:

Describe your company in 50 words or less (this information will be used for marketing and publicity purposes):

Please upload company logo: Acceptable file types include JPG, TIF, AI, EPS, PDF

Please upload any supplemental materials you would like our judges to see. (e.g. pdf, doc, jpg, mpg, mov)

Business Information

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Year company established:

Type of business (e.g. manufacturing, retail, service):

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

Is your company actively importing from and/or exporting to international markets?

Yes

No

Number of employees (not eligible if over 250):

Full-time:

Part-time:

Number of employees in metropolitan Kansas City:

Is your business:

Minority owned?

Veteran owned?

Women owned?

LGBT owned?

Disabled owned?

Is your business certified? If so by who?

MBE Certified

VBE Certified

WBE Certified

LGBTBE Certified

DBE Certified

Please list three customers:

Phone and fax MUST be in the form of xxx-xxx-xxxx.

Name/Business Name, Address, Telephone

Name/Business Name, Address, Telephone

Name/Business Name, Address, Telephone

Please list your attorney, banker, and accountant. Include company name, contact name, address, and telephone number.

Phone and fax MUST be in the form of xxx-xxx-xxxx.

Attorney

Contact Name

Address

Phone

Bank

Contact Name

Address

Phone

Accountant

Contact Name

Address

Phone

BUSINESS CULTURE & VALUES

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Please answer the following questions as they relate to your business culture and philosophies. Please keep responses to 500 words or fewer.

Please share your company history:

How would you describe the culture within your business?

How do you differentiate yourself from your competitors?

Where do you see your company in 10 years? How will you get there?

Why do you believe your business has been a mainstay in the Greater Kansas City region?

Please submit three (3) 200 word testimonials supporting your company's quality service and/or value to the regional community.

Testimonial 1

Testimonial 2

Testimonial 3

Explain the core ideology of your business including the core values:

What are the ideals of your company? Ideals can be defined as a higher purpose that rallies support for the brand both inside and outside the company.

What breakthrough would your company like to achieve or what complex problem would you like to solve?

Provide three examples of how you're demonstrating the potential necessary for long-term business success:

Please provide evidence of success as measured by sales or capital raised throughout the business life:

Describe how the leadership exhibits visionary and insightful leadership when confronting and resolving true or perceived business inequities through strategic decision-making, allocation of resources and the establishment of company priorities.

Provide examples for how your business contributes to the development of a diverse, inclusive culture by recognizing and supporting employees who take an active role in the community through service and volunteerism.

Describe how your business promotes and facilitates equitable education and social engagement with and between people of varying ethnic or religious backgrounds, socio-economic status, sexual orientation and/or physical and mental capabilities.

NAIC Code

Type of business (e.g. manufacturing, retail, service.) What is your main product and/or service?

Export sales as percentage of total sales. Which markets/countries are you actively exporting to?

What prompted your organization to begin exporting? Which markets/countries are you actively exporting to?

What are your plans for future exporting? What steps have you taken to reach that plan?

Please describe your company's history in 500 words or less.

Does your company have an exporting plan integrated into the long-term growth strategy? If yes, does that plan focus on one or multiple markets?

How do you engage your employees to create a global culture (business and/or social)? Do you encourage/offer additional training and education on international business?

What are the challenges/barriers your company has faced as an exporter and how have you overcome them? (e.g. *financing, payment, currency issues, market entry, logistical challenges, cultural differences, etc.*)

Is your organization involved in the Kansas City International Community? If so, how are you involved? (e.g. *memberships, philanthropic work, etc.*)

Does your organization participate in Corporate Social Responsibility outside of the U.S.? If so, please explain.

Please upload supporting documentation (up to five documents - e.g. letters of recommendation, news clips, etc.)

ANNUAL REVENUE

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Please select the appropriate annual revenue range.

2016:

- | | |
|---|---|
| <input type="radio"/> \$100,000-\$200,000 | <input type="radio"/> \$1,000,000-\$3,000,000 |
| <input type="radio"/> \$200,000-\$500,000 | <input type="radio"/> \$3,000,000-\$5,000,000 |
| <input type="radio"/> \$500,000-\$1,000,000 | <input type="radio"/> \$5,000,000+ |
-

2017:

- | | |
|---|---|
| <input type="radio"/> \$100,000-\$200,000 | <input type="radio"/> \$1,000,000-\$3,000,000 |
| <input type="radio"/> \$200,000-\$500,000 | <input type="radio"/> \$3,000,000-\$5,000,000 |
| <input type="radio"/> \$500,000-\$1,000,000 | <input type="radio"/> \$5,000,000+ |
-

2018:

- | | |
|---|---|
| <input type="radio"/> \$100,000-\$200,000 | <input type="radio"/> \$1,000,000-\$3,000,000 |
| <input type="radio"/> \$200,000-\$500,000 | <input type="radio"/> \$3,000,000-\$5,000,000 |
| <input type="radio"/> \$500,000-\$1,000,000 | <input type="radio"/> \$5,000,000+ |
-

2016

- | | |
|--|---|
| <input type="radio"/> % revenue growth | <input type="radio"/> % employee growth |
| <input type="radio"/> % profitability growth | |
-

2017

- % revenue growth
 - % profitability growth
 - % employee growth
-

2018

- % revenue growth
 - % profitability growth
 - % employee growth
-

Those applicants advancing to the Top 20 for the Mr. K/Small Business of the Year Award shall be asked to submit additional financial statements including stating their actual annual revenue numbers in 2016, 2017, and 2018 and legal background information to validate information provided on this application. This review shall be conducted by an independent accounting firm and will remain confidential. Failure to comply may result in disqualification from the Top 10 award candidacy.

Recent economic conditions should not deter any qualified applicant, they will be taken into account when judging employee and revenue growth.

What percentage of your current business comes from the following areas:

- Greater Kansas City area:
- Rest of the U.S:
- International:
- Specify countries:

EMPLOYEE RELATIONS

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Please identify the programs and benefits you offer to your employees using the checklists below. Keep in mind, judges pay close attention to those benefits that go above the industry standard. Indicate percentage or amount provided by employer where applicable.

*Include percentage/amount provided by employer.

Benefits:

- | | |
|--|--|
| <input type="radio"/> Health insurance* | <input type="radio"/> Disability insurance* |
| <input type="radio"/> Dental insurance* | <input type="radio"/> Stock option programs* |
| <input type="radio"/> Vacation time | <input type="radio"/> Profit sharing programs* |
| <input type="radio"/> Sick time | <input type="radio"/> Cafeteria plan* |
| <input type="radio"/> Personal time | <input type="radio"/> 401(k)* |
| <input type="radio"/> Employee assistance programs | <input type="radio"/> Team bonuses |
| <input type="radio"/> Flexible work schedules | <input type="radio"/> Other (please provide details) |
| <input type="radio"/> Life insurance* | |
-

Training and empowerment

- | | |
|--|--|
| <input type="radio"/> Leadership training | <input type="radio"/> Reimbursement/training for certifications (e.g. CPA, PHR)* |
| <input type="radio"/> Computer training | |
| <input type="radio"/> Tuition reimbursement* | <input type="radio"/> Company loans for continuing education* |
-

Other personnel benefits:

- On-site day care services
 - Employee recognition programs
 - Personal concierge service for employees
 - Other (please provide details)
-

How do you engage your employees?

DIVERSITY

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Percentage of employees

- | | |
|--|--|
| <input type="radio"/> Hispanic | <input type="radio"/> Male |
| <input type="radio"/> White, Non-Hispanic | <input type="radio"/> Female |
| <input type="radio"/> Black, Non-Hispanic | <input type="radio"/> Disability |
| <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> LGBT |
| <input type="radio"/> American Indian/Alaskan National | <input type="radio"/> Veteran |
| <input type="radio"/> Other | <input type="radio"/> Prefer not to disclose |
-

Percentage of workforce:

- | | |
|--|--|
| <input type="radio"/> Hispanic | <input type="radio"/> Male |
| <input type="radio"/> White, Non-Hispanic | <input type="radio"/> Female |
| <input type="radio"/> Black, Non-Hispanic | <input type="radio"/> Disability |
| <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> LGBT |
| <input type="radio"/> American Indian/Alaskan National | <input type="radio"/> Veteran |
| <input type="radio"/> Other | <input type="radio"/> Prefer not to disclose |
-

Percentage in management:

- Hispanic
- White, Non-Hispanic
- Black, Non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan National
- Other
- Male
- Female
- Disability
- LGBT
- Veteran

START OF BLOCK: COMMUNITY SERVICE

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

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

How does your company make a difference in Greater Kansas City through community service?

Signature

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Check this box if you do NOT authorize release of your corporate description (50 words or less) for publicity purposes in association with the KC Chamber's Small Business Celebration.

- I do not authorize the release of my corporate description.
-

Check this box if you are NOT interested in receiving additional media promotional opportunities in association with the KC Chamber's Small Business Celebration through the release of your business reference information.

I am not interested in receiving additional media promotional opportunities.

Owner(s) signature:

The information provided is true and factual as of (date):
Dates MUST be in the form of mm/dd/yyyy.

The information provided on and with this application will be considered confidential and will be used only by the KC Chamber and the panel of judges.

Thank you for your interest in the Small Business Celebration Awards. If you have any questions about the Small Business Awards application process, please contact Tayler Hammersmith, the KC Chamber's Small Business Manager, at (816) 374-5480, or email hammersmith@kcchamber.com.
