



SHARING SUCCESS AWARDS NOMINATION FORMS



## OVERVIEW

ChicagoMSDC is the oldest and one of the largest affiliates of the National Minority Supplier Development Council (NMSDC). Our mission is to be the premier organization for increasing value added business opportunities between major buying organizations and minority-owned businesses. We CERTIFY African-American, Asian American, Hispanic American and Native American owned businesses of all sizes and across a wide range of industries, DEVELOP them through educational programming and technical assistance, CONNECT them with resources and corporate buyers and tirelessly ADVOCATE on their behalf in the public and private sectors.

The Minority Business Enterprise Input Committee (MBEIC) is a group of our certified minority business enterprise representatives who provide counsel and recommendations so that programs and projects implemented by ChicagoMSDC are relevant and supportive of minority business development.

Each year, the MBEIC Sharing Success Awards recognize outstanding individuals and corporations who, through procurement and advocacy, have kept supplier diversity at the forefront of America's business scene. This is also an opportunity to salute the success of minority business enterprises (MBEs) who have defied the odds and built firms that contribute to the national economy through job creation and community development. These firms represent all spheres of business and industry. They are manufacturers, distributors, and service firms. All of our honorees have one trait in common and that is the commitment to hard work and community service. These awards are presented in April at the annual Chicago Business Opportunity Fair (CBOF).

The MBEIC Sharing Success Awards are commemorative and will be given in the following categories:

### SUPPLIERS OF THE YEAR

- CLASS 1: Annual Sales < \$1 Million
- CLASS 2: Annual Sales Between \$1 Million & \$10 Million
- CLASS 3: Annual Sales Between \$10 Million & \$50 Million
- CLASS 4: Annual Sales > \$50 Million

### SHARING SUCCESS

Chief Executive Officer Award

### ANDERS C. RASMUSSEN, JR.

Supplier Diversity Program Manager Award

### OUTSTANDING BUYING/CONTRACTING EXECUTIVE

Corporate Buyer Award

### MINORITY BUSINESS ADVOCATE

MBE Award

### IMPACT

Individual/Organization Award

Nominations are now being accepted for each of these awards. Nominees must be a ChicagoMSDC certified MBE or a ChicagoMSDC corporate member. Suppliers of the Year are nominated by ChicagoMSDC corporate members and the other Sharing Success Awards are nominated by ChicagoMSDC certified MBEs. Nominations will be reviewed by the Awards Committee. **All nomination forms must be submitted by MAY 20, 2021** to Alecia Drake via e-mail at [adrake@chicagomsgdc.org](mailto:adrake@chicagomsgdc.org) or via fax at 312.755.8890. Please contact Alecia with any questions at 312.604.5361. We encourage you to submit nominations immediately to allow nominees adequate time to provide the required documentation.



## SHARING SUCCESS AWARDS NOMINATION FORM

- This form is to be completed by the ChicagoMSDC MBE nominator.
- The application must be typed.
- If additional space is required for any section of this application, please submit on a separate, clearly labeled sheet along with this form.
- Eligible nominees will be notified and requested to submit documentation highlighting their accomplishments.

### SECTION 1: CATEGORY

- SHARING SUCCESS - Chief Executive Officer Award**  
Presented to a chief executive officer of a major buying organization in the Chicago area who has led their organization to a successful minority business program and has exhibited exemplary civic leadership overall.
- ANDERS C. RASMUSSEN, JR. - Supplier Diversity Program Manager Award**  
Presented to the Program Manager who has served as a catalyst for minority business opportunities within their company and the corporate community.
- OUTSTANDING BUYING/CONTRACTING EXECUTIVE - Corporate Buyer Award**  
Presented to the buying or contracting executive who has strengthened minority firms through their commitment to minority purchasing/contracting (including goods/services, professional services and construction).
- MAYE FOSTER THOMPSON MINORITY BUSINESS ADVOCATE - MBE Award**  
Presented to a minority firm that has demonstrated extraordinary support for minority business development through purchasing and advocacy.
- IMPACT - Individual/Organization Award**  
Presented to an individual or organization who/which, through dedication and determination, led the way to unprecedented or significant business opportunities for minority businesses with their industry.

### SECTION 2: NOMINEE INFORMATION

NAME	TITLE	
COMPANY		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL ADDRESS

### SECTION 3: NOMINATOR INFORMATION (ChicagoMSDC MBE)

NAME	TITLE	
COMPANY		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL ADDRESS





## SUPPLIER OF THE YEAR NOMINATION FORM

- Sections 1-8 are to be completed by the ChicagoMSDC MBE nominee with the assistance of ChicagoMSDC staff;
- Section 9 is to be completed by the nominating ChicagoMSDC corporate member;
- The application must be typed;
- If additional space is required for any section of this application, please submit on a separate, clearly labeled sheet along with this form;
- Eligible nominees will be notified and requested to submit documentation highlighting their accomplishments;
- To raise the visibility of the finalists selected for the Supplier of the Year Awards at the annual NMSDC Conference and for promotional purposes, it is necessary that we receive quality copies of newspaper and magazine articles, photographs, corporate brochures and identity/promotional packages;
- A copy of the nominee's current ChicagoMSDC MBE certificate must accompany this form to verify certification status.; and
- A letter of recommendation from the nominating corporation must also accompany this form.

### SECTION 1: CATEGORY/CLASS

- ANNUAL SALES < \$1 MILLION     
  ANNUAL SALES \$1 MILLION - \$10 MILLION     
  ANNUAL SALES \$10 MILLION - \$50 MILLION     
  ANNUAL SALES > \$50 MILLION

### SECTION 2: GENERAL NOMINEE INFORMATION

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NOMINEE TITLE

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE FAX

\_\_\_\_\_  
WEBSITE ADDRESS E-MAIL ADDRESS

**RACE/ETHNICITY:**

- AFRICAN AMERICAN  
 ASIAN INDIAN AMERICAN  
 ASIAN PACIFIC AMERICAN  
 NATIVE AMERICAN  
 HISPANIC AMERICAN

**GENDER:**

- MALE  
 FEMALE

**CERTIFICATION:**

- DATE CERTIFIED: \_\_\_\_\_  
 IN GOOD STANDING?  
 YES  
 NO

### SECTION 3: BUSINESS GROWTH & DEVELOPMENT (35 POINTS)

- ARCHITECT/ENGINEER     
  DISTRIBUTOR     
  SERVICE (non-professional)  
 BROKER     
  MANUFACTURER     
  WHOLESALER  
 CONSULTANT     
  RETAILER     
  OTHER (specify): \_\_\_\_\_  
 CONSTRUCTION

PRINCIPAL PRODUCTS & SERVICES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b> (PROJECTED)
GROSS SALES:	_____	_____	_____	_____
NON-MINORITY JOBS CREATED:	_____	_____	_____	_____
MINORITY JOBS CREATED:	_____	_____	_____	_____
TOTAL JOBS CREATED:	_____	_____	_____	_____

**SECTION 4: OPERATIONS (30 POINTS)**

LIST MAJOR CUSTOMERS AND PRODUCTS SUPPLIED TO THE PUBLIC/PRIVATE SECTOR. IF AVAILABLE, PLEASE ATTACH LETTERS OF RECOMMENDATION.

<b>MAJOR CUSTOMERS</b>	<b>PRODUCTS/SERVICES PROVIDED</b>	<b>CHECK IF LETTER OF RECOMMENDATION IS ATTACHED</b>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

IDENTIFY ANY OUTSTANDING BUSINESS PERFORMANCE IN THE AREAS OF QUALITY OF PRODUCTS/SERVICES, DELIVERY, COMPETITIVENESS AND SERVICING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT INNOVATIVE APPROACHES, COST-SAVING IDEAS OR UNIQUE SPECIFIED SERVICES HAS NOMINEE PROVIDED TO THEIR CUSTOMERS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT OBSTACLES AND ADVERSITIES HAS NOMINEE OVERCOME? (PLEASE EXPLAIN PROCESS OF OVERCOMING THESE OBSTACLES AND ADVERSITIES AND ITS IMPACT ON NOMINEE'S BUSINESS GROWTH.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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DESCRIBE ANY OTHER EXAMPLES THAT DEMONSTRATE NOMINEE'S BUSINESS PERFORMANCE AND WHY NOMINEE SHOULD BE CONSIDERED:

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**SECTION 5: MBE TO MBE PURCHASES (15 POINTS)**

*(Required for all award nominees. Please describe the nominee's direct spend activity with other minority owned businesses.)*

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021 (PROJECTED)</b>
TOTAL DOLLARS SPENT w/MBEs	_____	_____	_____	_____
TOTAL PROCUREMENT SPEND:	_____	_____	_____	_____

DESCRIBE INITIATIVES AND/OR SPECIAL ASSISTANCE NOMINEE HAS PROVIDED TO OTHER MBEs OVER THE PAST TWO-THREE YEARS:

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**SECTION 6: COMMUNITY INVOLVEMENT (10 POINTS)**

DESCRIBE THE WAYS IN WHICH THE NOMINEE HAS USED HIS/HER ENTREPRENEURIAL SKILLS AND CREATIVITY TO HELP IMPROVE THE QUALITY OF LIFE AND OVERCOME OBSTACLES IN HIS/HER COMMUNITY:

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DESCRIBE THE STRATEGY IMPLEMENTED, RESOURCES COMMITTED (FINANCIAL AND HUMAN) AND THE BENEFITS DERIVED:

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CHECK HERE IF REFERENCES ON NOMINEE'S MAJOR COMMUNITY ACCOMPLISHMENTS FOR THE PAST 3 YEARS ARE ENCLOSED:

## SECTION 7: REGIONAL COUNCIL INVOLVEMENT (10 POINTS)

DESCRIBE THE WAYS IN WHICH THE NOMINEE HAS ACTIVELY PARTICIPATED IN THE REGIONAL COUNCIL AND CONTRIBUTED TO ITS MISSION, OBJECTIVES AND GOALS:

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DESCRIBE THE RESOURCES COMMITTED (FINANCIAL AND HUMAN) AND THE BENEFITS DERIVED:

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CHECK HERE IF REFERENCES ON NOMINEE'S MAJOR REGIONAL COUNCIL ACCOMPLISHMENTS FOR THE PAST 3 YEARS ARE ENCLOSED:

## SECTION 8: TRUTH OF INFORMATION/RELEASE

THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE THAT IF I AM SELECTED AS A REGIONAL AND NATIONAL AWARD RECIPIENT, I HEREBY AUTHORIZE THE RELEASE AND USE, IN CONNECTION WITH THE NMSDC SUPPLIER OF THE YEAR PROGRAM OF MY NAME, COMPANY NAME, LIKENESS, RECORDING OF MY VOICE AND PHOTOGRAPHS, INCLUDING VIDEO TAPES OR OTHER FORMS OF MEDIA, WHICH MAY BE TAKEN OF ME, AND AGREE THAT NO COMPENSATION SHALL BE DUE ME OR MY COMPANY FOR SUCH USAGE. HOWEVER, ALL FINANCIAL INFORMATION SHALL REMAIN CONFIDENTIAL UNLESS I AGREE TO ITS RELEASE.

\_\_\_\_\_  
NOMINEE'S SIGNATURE

\_\_\_\_\_  
REGIONAL COUNCIL

\_\_\_\_\_  
REGIONAL COUNCIL CONTACT

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
E-MAIL ADDRESS

## SECTION 9: NOMINATOR INFORMATION (CORPORATE)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE

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