**Instructions**

**\* Please Note: This application is for businesses established ON or AFTER 1/1/2015. If your business was established BEFORE 1/1/2015, please refer to the Outstanding Award application.** In order to receive an award, applicants must be in good standing with the State of Wisconsin; this will be verified prior to the announcement of award finalists.

\* IMPORTANT NOTE: Please fill out all sections of the application to the best of your ability, every Section has “POINTS” helping you WIN! Do not worry if your narrative responses are longer than the text box provided. Text boxes with longer responses will expand and judges will receive your entire response.

Return this application form by email to [awards@MarketplaceWisconsin.com](mailto:awards@MarketplaceWisconsin.com) by **August 1, 2019**.

**Company Information**

**1. Enter the following company information.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Official Company Name: |  | | | | |
|  |  |  |  |  |  |
| Date Established: |  | | | | |
|  |  |  |  |  |  |
| Address: |  | | | | |
|  |  |  |  |  |  |
| City: |  | State: |  | Zip: |  |
|  |  |  |  |  |  |
| Phone Number: |  | | | | |
|  |  |  |  |  |  |
| Website: |  | | | | |

**2. Enter the following company owner information.**

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| --- | --- |
| i. Owner/CEO Name: |  |
|  |  |
| Owner Title: |  |
|  |  |
| Owner Email: |  |
|  |  |
| ii. Co-Owner Name: |  |
|  |  |
| Co-Owner Title: |  |
|  |  |
| Co-Owner Email: |  |
|  |  |
| iii. Other Owner Name: |  |
|  |  |
| Other Owner Title: |  |
|  |  |
| Other Owner Email: |  |

**3. Business Certification(s).**

Certifications must be current and issued by one of the following agencies:

State of Wisconsin Department of Administration Supplier Diversity Program, DBE from the Unified Certification Program (UCP) including WisDOT, WBENC, North Central Minority Supplier Diversity Council (NCMSDC) or the U.S. Veteran’s Administration.

Check all of your firm’s certifications:

|  |  |  |
| --- | --- | --- |
| State of WI MBE  Expiration: | State of WI WBE  Expiration: | State of WI DVB  Expiration: |
| WBENC – Woman Owned  Expiration: | NCMSDC – Minority Owned Expiration: | VA Verified SDVOSB  Expiration: |
| DBE – UCP  Expiration: |  |  |
|  | | |

**Company Description**

**4. Indicate your company’s industry. Check all that apply.**

|  |  |  |
| --- | --- | --- |
| Agribusiness | Construction | Manufacturing |
|  |  |  |
| Professional Services | Retail | Technology |
|  |  |  |
| Tourism | Wholesale | Other Services |
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| Other (please specify) |  |  |
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**5. Provide a brief description of your products or services and the market served.**

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**Growth and Innovation**

**6. As a percentage, how have sales increased year-over-year and what is the future forecast?**

Calculate each year’s percentage of growth relative to the previous year. *Example:* If 2010 sales were $100,000 followed by $150,000 in 2011, growth would be 50%. If 2011 sales were $200,000, growth from 2010 to 2011 would be 100%. Leave years blank if before company started.

|  |  |  |  |
| --- | --- | --- | --- |
| 2018 🡪 2019  *(Estimated)* |  |  | % |
|  |  |  |  |
| 2017 🡪 2018 |  |  | % |
|  |  |  |  |
| 2016 🡪 2017 |  |  | % |
|  |  |  |  |
| 2015 🡪 2016 |  |  | % |
|  |  |  |  |
| 2014🡪 2015 |  |  | % |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. List the number of FULL-TIME employees.** | | | |  | **8. List the number of PART-TIME employees.** | | | |
|  |  |  | |  |  |  |  | |
| 2018 |  |  |  |  | 2018 |  |  |  |
|  |  |  | |  |  |  |  | |
| 2017 |  |  |  |  | 2017 |  |  |  |
|  |  |  | |  |  |  |  | |
| 2016 |  |  |  |  | 2016 |  |  |  |
|  |  |  | |  |  |  |  | |
| 2015 |  |  |  |  | 2015 |  |  |  |
|  |  |  | |  |  |  |  | |
| 2014 |  |  |  |  | 2014 |  |  |  |

**8. In several sentences or a short paragraph, state your company’s 30 second sales pitch or “elevator speech” to help judges gain an overall understanding of your company.**

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**9. Describe any innovative or unique aspects of your company’s offerings, customer service, marketing methods, production processes, or business model. What makes your company different?**

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**Company Strengths**

**10. Tell the story of how your business started. Include what lead to the decision to start your own business and what challenges you had to overcome as you began the journey.**

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**11. Describe how key employees and / or outside advisors / mentors have helped the company overcome (or avoid) business growth challenges or take advantage of new opportunities.**

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**12. Identify 2-5 key decisions you made beyond the start-up stage to get to the next level. Explain how these decisions impacted your company’s growth.**

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**Growth Potential**

**13. What are your company’s future market opportunities? Describe your strategy and plans to take advantage of market opportunities and grow the company.**

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**Company Progress and WOW! Factor**

**14. Describe the company’s progress or success at meeting initial start-up milestones in the areas of sales, product or service development, customer service, and operations.**

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**15. Describe what makes your company special in terms of recruiting and retaining employees – your “WOW” factor.**

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**16. Describe what distinguishes your company in terms of social responsibility, environmental friendliness, or other business factors.**

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**17. In a few sentences, summarize why you expect your company to successfully grow and become a “star” Wisconsin business.**

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**18. Attach a copy of your company’s capabilities statement.** **Example -**  [http://www.wispro.org/wp-content/uploads/2019/06/Developing-a-Capabilities-Statement-Wisconsin-Procurement-Institute-1.pdf](https://nam03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.wispro.org%2Fwp-content%2Fuploads%2F2019%2F06%2FDeveloping-a-Capabilities-Statement-Wisconsin-Procurement-Institute-1.pdf&data=02%7C01%7Cseyoum.mengesha%40wedc.org%7C8fb72a36fc244817b8c008d6ef83363c%7Ca4d0c6039c7f4293b89ca08c1a8eb571%7C0%7C0%7C636959744715671074&sdata=Z%2BesCmjhuMX7%2BTItNXV0tisZzdK6M1IMvXmVrcv6Q1k%3D&reserved=0)