**Supplier of the Year Award**

***Nominations by Corporate Members only***

This award is presented to the top certified minority suppliers who distinguish themselves and their businesses by successfully demonstrating growth in sales and employment while overcoming significant obstacles; consistently providing high quality products and services at competitive prices; and significantly contributing to the growth and development of society in their community.

**INSTRUCTIONS**: Nominations must be typed or neatly written. Write or type directly on this form, and if needed, feel free to add more space to answer all questions.

**Completed Applications Must Be Received No Later Than**

**Friday, July 29, 2016**

**When sending in the nomination to the Council,**

**please call to verify that the nomination has been received.**

Completed forms can be returned by email to nominations@mpmsdc.org or fax to 303-595-0027**.**

For any questions, please contact

Jennifer Malpiede Pomponio at jennie@mpmsdc.org or (720) 370-3367.

**Council Corporate Members can nominate (one) Council MBEs for each class, so up to 4 nominations (you can contact the Council to get the class of your nominee):**

**CATEGORY/CLASS:**

Please check the qualifying class:

ANNUAL SALES LESS THAN $1 MILLION……………………………………..CLASS 1 ⁪

ANNUAL SALES BETWEEN $1 MILLION AND $10 MILLION ……………….CLASS 2 ⁪

ANNUAL SALES BETWEEN $10 MILLION AND $50 MILLION……………....CLASS 3 ⁪

ANNUAL SALES GREATER THAN $50 MILLION…………...…………………CLASS 4 ⁪

**ITEM 1: GENERAL NOMINEE INFORMATION:**

Principal Officer/Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEM 2: NOMINATED BY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUESTION 1: Why are you nominating this MBE for the award?**

**QUESTION 2: Have you had any business with this MBE in the past or currently?**