



# INDUSTRY APPRECIATION AWARDS 2022

## MANUFACTURER OF THE YEAR

The Manufacturer of the Year award recognizes a Lee County manufacturing business that exhibits excellence in leadership, performance, profitability, and workforce relations.

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_  
Year Established: \_\_\_\_\_ Type of Business (i.e., manufacturing, retail, service, etc.): \_\_\_\_\_  
Main Product(s) and/or Service(s): \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Company Owner/Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SOCIAL MEDIA ACCOUNTS:

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_  
LinkedIn: \_\_\_\_\_ Twitter: \_\_\_\_\_  
Other: \_\_\_\_\_

### GEOGRAPHIC INFORMATION

What percentage of current business comes from the following geographical areas?

_____ Fort Myers	_____ Estero
_____ Bonita Springs	_____ Lehigh Acres
_____ Cape Coral	_____ Dunbar
_____ The Islands	_____ Outside Lee County
_____ North Fort Myers	_____ International



**EMPLOYEE BENEFITS**

In the sections below, check all that are offered.

**Employee Relations**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Benefits                | <input type="checkbox"/> Disability Insurance     | <input type="checkbox"/> Company Car      |
| <input type="checkbox"/> Dental Insurance        | <input type="checkbox"/> Flexible Work Schedule   | <input type="checkbox"/> Supplied PPE     |
| <input type="checkbox"/> Sick Time               | <input type="checkbox"/> Stock Option             | <input type="checkbox"/> Work from Home   |
| <input type="checkbox"/> Cafeteria Plan          | <input type="checkbox"/> Policy/Employee Handbook | <input type="checkbox"/> Other (explain): |
| <input type="checkbox"/> Employee Assistance     | <input type="checkbox"/> Life Insurance           | _____                                     |
| <input type="checkbox"/> Profit Sharing Programs | <input type="checkbox"/> Personal Time            | _____                                     |
| <input type="checkbox"/> Health Insurance        | <input type="checkbox"/> 401(k)                   | _____                                     |

**Training and Empowerment**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Leadership Training   | <input type="checkbox"/> Continuing Education        | <input type="checkbox"/> Diversity/Sensitivity Training |
| <input type="checkbox"/> Company Loans         | <input type="checkbox"/> Certificate Training        | <input type="checkbox"/> Other (explain):               |
| <input type="checkbox"/> Reimbursement         | <input type="checkbox"/> Customer Relations Training | _____   |
| <input type="checkbox"/> Tuition Reimbursement | <input type="checkbox"/> Computer Training           | _____   |
| <input type="checkbox"/> Team Bonus            | <input type="checkbox"/> Skill Set Training          | _____   |

**Personnel Benefits**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Loan Forgiveness Program                 | <input type="checkbox"/> On-Site Daycare Services       | <input type="checkbox"/> Other (explain): |
| <input type="checkbox"/> Personal Concierge Service for Employees | <input type="checkbox"/> Time Off for Community Service | _____                                     |
| <input type="checkbox"/> Employee Recognition Programs            |   | _____                                     |

**CLIENT/CUSTOMER REFERENCES**

List two current or former clients/customers that we may contact.

Business/Client Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business/Client Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**PERSON COMPLETING APPLICATION**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**JUDGING ELEMENTS**

Judging for the Manufacturer of the Year Award will be based in part upon the following sections. Please provide a brief narrative of 250 words or less under each judging element using quantifiable examples and information.

1. History and Philosophy
2. Sound Business Strategies and Practices
3. Market Awareness
4. Workforce Development
5. Additional Information

**History and Philosophy**

Provide a synopsis of the company, including but not limited to, its history and products and/or services offered. What differentiates the business from others in the industry? What attributes is the company most proud of? What do you attribute the success of the business to?

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**Sound Business Strategies and Practices**

Describe the company’s strategic vision and management practices. How are administrative processes managed (i.e., payables, receivables, collections, and cash management)? How do those strategies and practices set the business apart from others in the industry? If applicable, describe the approach to customer service, both internal and external.

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**Market Awareness**

Explain the markets your company serves and how those markets are defined. Briefly describe your marketing strategy. How do you use social media to get customers? If applicable, where in the product life cycle is your product? What quality improvement programs for products and/or services has the company implemented?

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**Workforce Development**

Share how you have overcome obstacles to attract and retain employees. How are employees’ professional and personal growth goals fostered? What programs or initiatives have you put in place to provide training or education to your workforce? Describe how your organization engages and empowers employees to participate in further education.

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**Additional Information**

Offer any additional information as to why you believe this organization should win the Manufacturer of the Year Award. List any applicable awards/recognitions the business has received.

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**Please note that all applications must be submitted online at <https://www.industryappreciationawards.com/manufacturer-of-the-year/>.  
No paper applications will be accepted.**

**The application deadline is July 15, 2022, at 11:59 p.m.**

If you have any questions regarding the award categories or judging criteria, please contact Warren Baucom at 239-533-6817 or via email at [wbaucom@leegov.com](mailto:wbaucom@leegov.com).

If you are having technical difficulties with submitting your application online, please contact Alyssa Gonzalez at 239-267-2638 or via email at [alyssa@prioritymarketing.com](mailto:alyssa@prioritymarketing.com).