



Minority Enterprise Development Week (MEDWeek) Award Nomination Form

Instructions:

To nominate an individual / business to receive an award during the MEDWeek celebration, this form must be completed by the nominee or by the nominator. Self-nomination is permitted. However, a nomination does not guarantee that the individual or business will be selected to receive an award. All nomination must be submitted to award@fcbainc.com by Once received, the MEDWeek Nomination Package Request will be emailed to all nominees via email during the second week of May.

1. Nominee Information:

- a. Name:
- b. Title:
- c. Business Name:
- d. Business Address:
- e. Business Phone Number:
- f. Business Email Address:
- g. # years in operation:
- h. % of ownership:
- i. Classification Type:

2. Nominator Information (if you are nominating yourself, write n/a)

- a. Nominator Name:
- b. Title:
- c. Business Name:
- d. Address:
- e. Phone Number:
- f. Email Address:

3. Why do you think this Nominee deserve to receive an award?