

Celebrating National Veterans Small Business Week 2019



UNIVERSITY
of HAWAII
HILO

2019 New Veteran-Owned Small Business

The New VOSB award honors individuals and organizations which have demonstrated strong entrepreneurial skills by the successful ownership of a small business, founded in the past two years. Eligibility and Nominations:

- Nominee must 1) own and 2) operate or bear principal responsibility for operating a small business, which has been founded in within the past two years.
- Partners who jointly own and operate a small business may be nominated as a “team.”
- SBA’s size standards apply in the determination of the eligibility of a business.
- All information must be on the official form and not exceed four pages – no attachments will be accepted.
- The nomination forms must be signed by nominator(s) and all nominees.

The 2019 Hawaii Veterans Small Business Award nominations are due October 1, 2018

Please deliver to the VBOC of the Pacific office: 2800 Woodlawn Dr. Ste. 146 Honolulu, HI
or scan and email to vboc@hawaii.edu
For more information, contact (808) 988-1236

Nominee’s Name: _____

Name of Business: _____

Title/Position: _____

Military Branch: _____ **Dates of Service:** _____

Business Address: _____

Home Address: _____

Telephone: (Business) _____ **(Home)** _____

E-mail address: _____

Website: _____

Sponsor’s Name: _____

Sponsor’s Title: _____

Sponsor’s Business/Organization: _____

Sponsor’s Address: _____

Sponsor’s Telephone: (Business) _____ **(Home)** _____

Sponsor’s E-mail: _____

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About the Nominee

*Please keep responses within the textbox

Give a brief one-paragraph description of the nominee's business or affiliation:

Give a concise statement, clearly describing the nominee's success as a small business owner:

Date of SBA assistance: _____

Type of SBA assistance: _____

(Please note, nominees need not be veteran, small business owners but individuals who support, promote and advocate for veteran-owned small businesses.)

(SBA assistance includes capital access & loans, government contracting support, consulting and training programs such as the VBOC, SBDC, SCORE, WBC, STEP, etc.)

*SBA (or resource partner) assistance is not required to be nominated for this award.

Date of Foundation: _____

Selection Criteria for New Veteran-Owned Small Business

Please explain briefly how the nominee has performed as an outstanding veteran-owned small business.

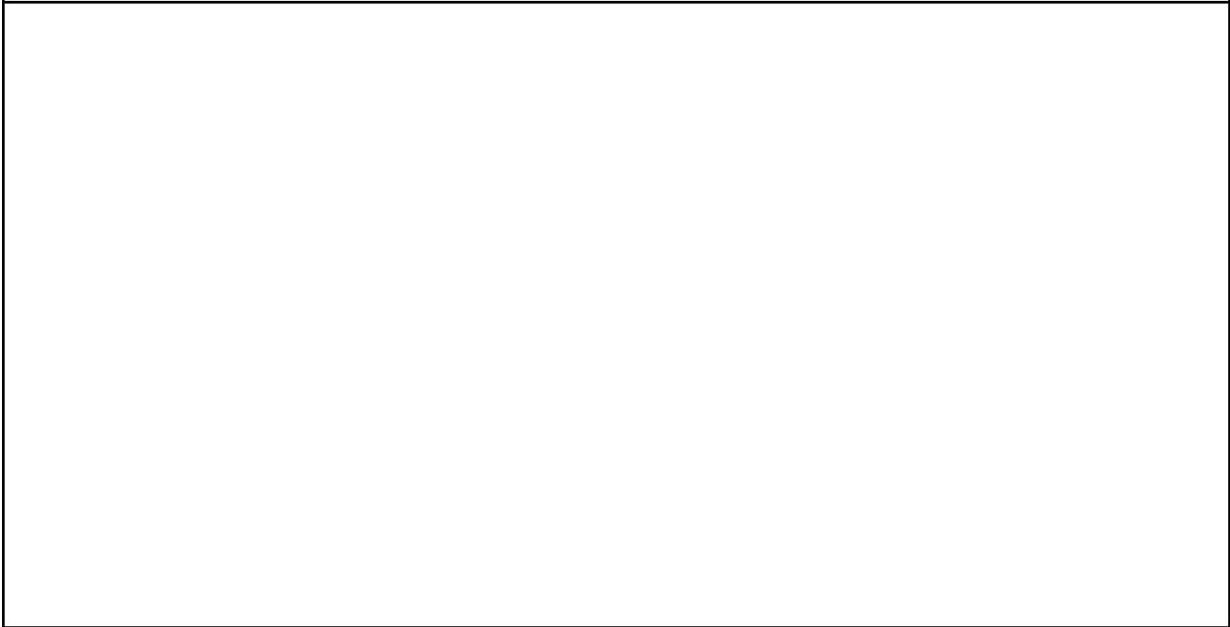
1. Evidence of success as measured in profits.

	2016	2017	2018
Total Assets			
Total Liabilities			
Revenues			
E.B.I.T.			

2. Increased employment opportunities created by the nominee's business. Please include the total number of full time and part time employees.

	2016	2017	2018
Full Time			
Part Time			

3. Development/Utilization of innovative or creative business methods.



4. Demonstrated entrepreneurial potential necessary for long-term business success and economic growth.



Additional Information

The prestigious Veteran Small Business Awards honor the outstanding men and women who demonstrate excellence and achievement. All nominees and nominees' businesses must comply with state and federal regulations regarding labor, immigration, civil rights, taxation, and other applicable regulations. Any financial information provided as required for the nomination will be held in strict confidence by the selection committee. **By submitting the completed nomination form, the nominee certifies that, to the best of his/her knowledge, the information provided is correct and the business has complied with regulations, as stated above.**

Please note **that we will accept only one nomination per person or business entity within an award category.** If a duplicate nomination is received, the nomination submitted to VBOC at the earliest time will be considered for the award. Individuals and businesses may only be nominated in one award category each year.

Yes No

I would like my nomination to be reviewed and submitted for other small business awards that would recognize my achievements in business and community.

Please contact me prior to submission.

Sponsor Signature(s):

Date _____	Date _____
Sponsor	Sponsor

Nominee Signature(s):

Date _____	Date _____
Nominee	Nominee

Date _____	Date _____
Nominee	Nominee

Received at VBOC office on _____ by _____
(Date) (Staff)

For internal use only:

Release Form

I, _____, give my permission to have my photograph/image and accompanying written copy in all forms of media to be used for informational purposes by the VBOC of the Pacific and Hawaii SBA. I understand that my photograph(s) and/or image(s) will be used to help illustrate and explain activities and programs of the VBOC of the Pacific and Hawaii SBA.

Signature: _____

Print Name: _____

Address: _____

Date: _____



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