



**MINORITY ENTERPRISE
DEVELOPMENT (MED) WEEK,
Now Accepting Nominations for 2008.**

**MINORITY ENTERPRISE DEVELOPMENT (MED) WEEK 2008
AWARDS CRITERIA**

PROCEDURES FOR SUBMITTING NOMINATIONS

The MED Week 2008 Awards Criteria is provided in two categories:

- PART I: MINORITY ENTREPRENEURS**
PART II: MINORITY BUSINESS ADVOCATE

- (1) Complete the appropriate nomination form (cover page) for the category in which the nominee is being submitted.
- (2) Answer each question in the nomination criteria on a separate sheet. **The overall package should not exceed 10 pages.**
- (3) Provide a narrative summary of each nominee's achievements.
- (4) Regional Winners will be required to attend our San Francisco Regional MED Week Celebration in San Francisco, in August, 2008. Please do not nominate those who will be on vacation or have prior commitments during the above time frame.
- (5) Those selected as Regional Winners will be requested to provide two (2) 8 x 10 inch Black and White Photos and one Color Photo (Head Shots), and an e-mail copy, and must participate in the production of a video presentation in Sunnyvale, California in late May or early June, 2008.
- (6) If you have questions, please contact Alex Meraz at (602) 248-0007 or alejandram@azhcc.com.

Please submit the Nomination packages in a written original and three copies, with a copied floppy disk or zip disk to Alex Meraz at AMBEC by **COB: Wednesday, March 31, 2008.**
(Nomination materials will not be automatically returned.)

AMBEC MED Week 2008,
Arizona Minority Business Enterprise Center,
255 E. Osborn Road, Suite 202,
Phoenix AZ 85012.

Please do not include videotapes.

Please note: AMBEC reserves the right to eliminate a category if the quality of nominations does not meet minimum standards or if the nomination package is incomplete or has insufficient information.



Arizona Minority Business Enterprise Center
MED WEEK 2008
MINORITY CORPORATE ADVOCATE OF THE YEAR
NOMINATION
COVER PAGE

Name of

Nominee: _____

Title: _____

Business Name: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail: _____

Web Address: _____

Type of Business (*Brief* _____

Description of product/ service): _____

Sponsor's Name & Title: _____

Organization: _____

Address: _____

FAX: _____

Telephone #: _____

E-mail Address: _____

Occupation: _____

Relationship to Nominee: _____

Would you like more information on Sponsorship options for this event? **Yes** **No** (Check one)



**MBDA AWARDS CRITERIA
FOR**

MINORITY BUSINESS ADVOCATE OF THE YEAR

The **Minority Corporate Advocate Award (MCAA)** is a prestigious corporate award, designed for a minority or non-minority individual (and/or business entity) whose contributions to minority business growth and development were not performed solely for individual or business profit. It recognizes those whose performance have best advanced the growth and development of minority business enterprises (MBEs). The MCAA is self-nominating.

(Please provide a separate standard-sized (8 ½ x 11) sheet to respond to each item listed below).

- (1) Provide a clear and concise narrative on the professional and/or business background of the nominee/business owner/entity. **25 Points**
- (2) Provide information specifying how the nominee has worked on behalf of minority business growth and development. This information should sufficiently distinguish between activities performed in a paid position and those undertaken as a volunteer (or in another capacity). **25 Points**
- (3) Provide references for the past three years from businesses, groups, etc., that can attest to the nominee’s involvement. **25 Points**
- (4) Include other accomplishments that would establish the nominee as an outspoken advocate for minority business growth and development. **25 Points**

RESULTS/PROGRAM GROWTH Information for the “**Million Dollar Club**”: This criteria measures the actual impact of the corporation’s commitment to results achieved. Discuss the progression of MBE purchasing activity levels being considered.

| | Quantitative Information | | |
|--|---|-------------|-------------|
| | 2005 | 2006 | 2007 |
| <input type="checkbox"/> Total payments to MBEs during the past three (3) years: | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Provide number of MBEs. (excluding WBEs). | # MBE _____ | # MBE _____ | # MBE _____ |
| <input type="checkbox"/> Growth rate of payments to MBEs as a percentage of total corporate purchases. | % MBE _____ | % MBE _____ | % MBE _____ |
| <input type="checkbox"/> Categories of services purchased from MBEs | Qualitative Information <input type="checkbox"/> Information Technology and High-Growth Industries <input type="checkbox"/> Manufacturing and Construction <input type="checkbox"/> Professional Services <input type="checkbox"/> Environmental Waste Management Services <input type="checkbox"/> Janitorial, Maintenance and Facilities Support <input type="checkbox"/> Other (Please specify) | | |