

2025 VETERAN & MILITARY SPOUSE OWNED BUSINESS AWARD APPLICATION

Veteran-owned small businesses bring unique strengths in entrepreneurship with values like leadership, discipline, and resilience honed during military service. In addition, the adaptability and resourcefulness of military spouses make them exceptional small business owners. Either group may apply for this award category. *The winner of this category is also eligible to be selected as the 2025 Regional Small Business of the Year.*

Eligibility

A business must be a for-profit entity and meet the following requirements to apply for the 2025 Veteran & Military Spouse Owned Business Award:

- At least 51% of the business owned by one or more veterans OR military spouse(s)
- 1-250 employees as established in the North American Industry Classification System (NAICS)
- Gross revenues of less than \$10 million in 2024
- In business for more than three consecutive years

Criteria

Eligible applicants are judged on the following:

- Unique Value Proposition & Innovation
- Management & Operations
- Community Impact
- Business Milestones
- Financial Performance

Application & Judging Process

Small businesses are encouraged to apply directly for awards – a nomination or Chamber membership is not required to apply. Judging is conducted by a committee of distinguished professionals and community leaders who bring expertise, fairness, and a passion for supporting small businesses in our region.

Application Submission

Submit by Mail:
Hampton Roads Chamber
ATTN: Melissa Rose
101 West Main Street, Suite 800
Norfolk, VA 23510

Submit by Email:
Melissa Rose
Manager, Programs & Development
Hampton Roads Chamber
mrose@hrchamber.com

**ALL APPLICATIONS DUE BY 5:00 PM
ON FEBRUARY 28, 2025**

April 25, 2025: Winners notified
June 17, 2025: Awards Ceremony Luncheon

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Company Information

Company Name:

Company Address:

Company Website:

Number of Employees:

In business since:

Gross Revenue in 2023:

Gross Revenue in 2024:

Contact name:

Contact Title:

Contact Phone:

Contact Email:

Business Overview

In what industry is your business?

What are your principal products and/or services?

Who are your primary customers?

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Please give a brief history of your business.

Describe how your experience with the military either as active duty/veteran or as a military spouse provided you with unique opportunities, skill sets, or attributes that you have been apply to apply to small business ownership and success.

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Provide an example of a specific challenge or business opportunity that you think is unique to veteran or military spouse owned small businesses and how you overcame the challenge or taken advantage of the opportunity.

Unique Value Proposition & Innovation

How does your business meaningfully differentiate from competitors in the markets and/or customer base it serves? In other words, explain how your business has carved a distinct niche.

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Provide details of creative strategies you use to improve your business.

Describe one recent business initiative (i.e. a marketing campaign, technology adoption) that generated a return on investment for your business.

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Management & Operations

How does your business support and invest in its employees through benefits, career advancement opportunities, and strategies for retaining talent?

Describe how your business model is designed for sustainable long-term profitability.

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Community Impact

Describe the contribution your business has had to the local economy. Tell us how you have contributed to job creation, economic growth, and/or revitalization in your community.

How do you support the vitality of the community beyond your day-to-day operations, (i.e. fundraisers, volunteering, philanthropy)?

Milestones

Complete this sentence:

"My business would never have succeeded had it not been for ____."

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What is one important financial milestone your business reached in 2024?

What is one important operational milestone you reached in 2024?

Financials

Please attach a copy of your company's most recent 1120 tax return.

If selected as a finalist, you may be asked to provide a profit and loss statement and a copy of your business license. All tax and financial information will remain confidential and only be shared with the judging committee to evaluate candidates.

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Optional

Which of these issues have impacted your business in the last 12 months?

- | | |
|--|---|
| <input type="checkbox"/> Prompt payment issues | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Access to capital | <input type="checkbox"/> Supply chain issues |
| <input type="checkbox"/> Employee retention | <input type="checkbox"/> Local or state regulations |
| <input type="checkbox"/> Worker shortage | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Inflation | <input type="checkbox"/> Customer demands |

*Choose as many as applicable. We may use this data to offer opportunities to participate in Chamber programs and/or events that may be relevant to you. **Please note that this is voluntary and will not be used as part of judging criteria.***

Legal Notice

- Each application must be signed by the highest-ranking official in the business to certify accuracy of submission.
- All figures cited must be readily supported by documentation.
- The Hampton Roads Chamber reserves the right to use, reproduce, and distribute your image and submission material in various communication pieces, including but not limited to social media, website content, and promotional materials related to the Small Business of the Year award program and award ceremony. All tax and financial information will remain confidential.
- Submission of an application does not guarantee selection as a finalist or winner. The organizers reserve the right to modify or terminate the award process at their sole discretion.
- The 2025 Hampton Roads Chamber's Small Business of the Year Awards winners will be chosen without regard to race, ethnicity, religion, age, gender identity, sexual orientation, national origin, or physical or mental ability.

Certification of Accuracy

I certify to the best of my knowledge that the information contained in this application is accurate.

NAME:

TITLE:

EMAIL ADDRESS:

SIGNATURE:

DATE: