

**MINORITY ENTERPRISE DEVELOPMENT (MED) WEEK
AWARD NOMINATION FORM**

I. NOMINEE'S INFORMATION

Name/Title of Nominee: _____

Street Address of Business: _____

City, State, Zip Code: _____

Nominee Contact Person: _____

Email Address of Nominee: _____

Telephone No.: _____

Web Address: _____

Type of Organization/Business (*Brief description*) _____

II. NOMINATOR'S INFORMATION

Nominator's Name: _____

Title: _____

Organization/Business: _____

Street Address: _____

Telephone No: _____

E-mail Address: _____

III. NOMINATION:

Award Category: _____

Sub-Category: _____

Explain why the nominee is deserving of the award for which you are nominating them. Note, in particular how the nominee meets the criteria for the award as laid out in the Call for Nominations brochure. Be as

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number (0640-0025). Public reporting burden for this report is estimated to average no extra burden per response. This burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to:

Minority Business Development Agency
U.S. Department of Commerce
1401 Constitution Ave NW
Washington, DC 20230

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