



THE MEDICAL MUTUAL
PILLAR
FOR AWARD
FOR COMMUNITY SERVICE

CINCINNATI REGION

2019 OFFICIAL NOMINATION FORM

PILLAR AWARD FOR COMMUNITY SERVICE

ABOUT THE PILLAR AWARD PROGRAM:

The Pillar Award for Community Service was developed by *Smart Business* and Medical Mutual to honor businesses and individuals dedicated to making the Cincinnati/Northern Kentucky region a better place to live. The program is designed to demonstrate the tie between the for-profit and nonprofit worlds and showcase best practices. It seeks to:

- Publicize the importance of community service issues, such as philanthropy and volunteerism;
- Share creative ideas about how companies have a positive impact in their communities;
- Honor companies and individuals who go beyond the minimum expectation of community service.

AWARD CATEGORIES:

- **Pillar Award**
Presented to for-profit businesses for their community service efforts.
- **Medical Mutual SHARE Award**
Presented to one company annually that best exemplifies employee-driven community service, philanthropy or volunteerism.
- **Kent Clapp CEO Leadership Award**
Recognizes the top executive of a for-profit company for creating a culture of giving.
- **Nonprofit Board Executive of the Year Award**
Honors contributions by for-profit business executives who serve on nonprofit boards.
- **Nonprofit Executive Director of the Year Award**
Recognizes nonprofit executive directors who effectively apply for-profit business principles to their organizations.
- **Philanthropist of the Year Award**
Recognizes an individual for their overall personal philanthropy

ELIGIBILITY:

Nominees must have a physical presence or be headquartered in the Cincinnati/Northern Kentucky region to be eligible for an award.

NOMINATION INSTRUCTIONS:

Complete all the information on the nomination form.

SECTION ONE

Provide basic contact information about the person submitting the nomination form.

SECTION TWO

Complete all information about the company and/or individual being nominated.

SECTION THREE

Explain why the Nominee should be recognized with a **Medical Mutual Pillar Award for Community Service** by answering the specific questions pertaining to the award. Keep in mind that the more specific detail provided to the judges, the greater the opportunity the Nominee will have to be recognized. By completing this form, nominee will also be eligible for the **Kent Clapp CEO Leadership Award** and their company for the **Medical Mutual SHARE Award**.

Download additional nomination forms and register at:

www.sbnonline.com/pillaraward

For more information, contact **Lisa Dore** at:

440.250.7050 or ldore@sbnonline.com.

Award recipients will be notified in early November 2018 and invited to attend a special banquet on January 16, 2019 at Duke Energy Convention Center. Honorees will also be featured in the Winter 2019 digital edition of *Smart Business*.

**NOMINATIONS MUST BE RECEIVED BY:
5:00 P.M., FRIDAY, OCTOBER 26, 2018**



MEDICAL MUTUAL®



The Medical Mutual PILLAR AWARD For COMMUNITY SERVICE

SECTION ONE

ABOUT THE PERSON SUBMITTING THE NOMINATION:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ E-mail: _____

SECTION TWO

ABOUT THE NOMINEE:

Please write the company/organization and executive's name EXACTLY as it should appear in our publication, on awards, event collateral, etc.

Company's Name: _____
 Top Executive's Name: _____
 Top Executive's Title: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ E-mail: _____
 Website: _____ Twitter: @ _____ LinkedIn: _____
 Executive Assistant Name: _____
 Phone: _____ E-mail: _____
 Nature of company's business: _____

Is this company a family-owned business? Yes No

Current local employment: (check one):

1-20 21-50 51-100 101-250 251-500 500+

Approximate annual revenue: (check one):

Under \$1 million \$1 million to \$5 million \$5 million to \$10 million
 \$10 million to \$50 million \$50 million to \$100 million \$100 million+

Law firm: _____ Contact: _____ Phone: _____
 Accounting firm: _____ Contact: _____ Phone: _____
 Banker: _____ Contact: _____ Phone: _____
 PR firm: _____ Contact: _____ Phone: _____

SECTION THREE

TELL US ABOUT THE NOMINEE'S COMMUNITY SERVICE: *(Please include relevant supporting documentation.)*

1. **a.** Organizations that have benefited from the nominee's service.
b. Any corporate financial contributions, if relevant.
c. Any volunteerism contributions, if relevant.
d. Any other contributions, if relevant.
Answers should include the following:
 - > The impact of the services provided.
 - > The company's approach and philosophy regarding community service.
2. Is there anything else you would like to offer in support of the nomination?

By completing this form, you are eligible for a Medical Mutual Pillar Award for Community Service, the Medical Mutual SHARE Award and the Kent Clapp CEO Leadership Award. All information becomes the property of the Pillar Award for Community Service.

NOMINATION CHECK LIST:

- This nomination form
- Essay question(s) and supporting documentation
- High-resolution company/organization LOGO (Vector EPS preferred)
- High-resolution HEADSHOT of the top local executive being nominated

Acceptable file formats:

PDF, jpg, eps, tif. Web images are NOT acceptable.

RETURN COMPLETED NOMINATION PACKAGE INCLUDING A HEADSHOT AND COMPANY LOGO:

Lisa Dore: ldore@sbnonline.com

Subject line: 2019 CIN Pillar Award

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