

# ILLINOIS VETERANS' BUSINESS APPRECIATION AWARD

## Nomination Form

Please read the Nomination Guidelines prior to completing this form. Please attach a written summary of the nominee's achievements following the guidelines.

Business or Organization Name \_\_\_\_\_ Date of Business License or 501 C3 status \_\_\_\_\_

Business Address, City & State, Zip Code \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Business Email \_\_\_\_\_

Business or Organization Website \_\_\_\_\_

Nominator's Name \_\_\_\_\_ Affiliation to Nominee (Comrade, relative, etc.) \_\_\_\_\_

Nominator's Employment Information \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Email (Work) \_\_\_\_\_

**I have read the nomination guidelines and attest that the above information is accurate and true. I also affirm, to the best of my knowledge that the nominee stated above is in good legal standing.**

Signature of Nominator \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

**I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a recipient of the Illinois Veterans' Business Appreciation Award, I agree to attend a public appearance with the Illinois Department of Veterans' Affairs; and, I agree to participate in all media and outreach efforts and activities.**

Signature of Nominee \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

**SEND COMPLETED FORM TO:**  
[IDVA.MEDIA@illinois.gov](mailto:IDVA.MEDIA@illinois.gov) (email) or mail to:  
**Illinois Department of Veterans' Affairs**  
**Attn: Illinois Veterans' Business Appreciation Award**  
69 West Washington, Ste 1620  
Chicago, IL 60602



