ATTENTION: ALL COMPANIES DEDICATED TO EMPLOYEE OWNERSHIP!

Nominations are now open for The Wisconsin Chapter 2020 ESOP Company of the Year and 2020 Employee Owner of the Year

Taking the time to submit an application can pay off! The winner of these awards will:

- Be submitted as the Wisconsin Chapter nomination for the National competition.
- Be recognized at the Awards Banquet on May 21, during the Annual ESOP Conference in DC.
- Receive an Awards plaque to display at your company.
- Be recognized at Wisconsin Chapter events, on the Wisconsin Chapter website and in Chapter communications and announcements.
- Receive a $100 Gift Card to use towards travel expenses to the National Conference in Washington, DC.

To nominate:

1. Read through the below criteria and use the nomination form to gather information

   **ESOP COMPANY OF THE YEAR**
   The company should be financially solvent and have more than two years of ESOP sponsorship. It is not necessary that the company have any one style of management. More importantly, employees should feel a sense of ownership and/or that the ESOP is important to the company and to the employees.

   The “ESOP Company of the Year” may show a commitment to employee ownership by its:
   - Involvement with the ESOP Association and the Chapter such as conference attendance, hosting/speaking at events and congressional visits.
   - Communication and company activities to create/maintain a strong culture of ownership and engagement.

   **EMPLOYEE OWNER OF THE YEAR**
   An “Employee Owner of the Year” would be someone who is an outstanding citizen in the company where they work and is active in employee ownership activities of the company and/or The ESOP Association. They should be an employee below the level of senior management and have a clear understanding of ESOPs and employee ownership.

   Examples of how they may have contributed to their ESOP Companies:
   - Serving on a communications committee or on an employee advisory committee
   - Contributing to a company publication
   - Helping with Employee Ownership Month (“EOM”) observances
   - Leading fellow employees to a better understanding of the ESOP
   - Attending chapter meetings, and/or helping with chapter meetings or activities
   - Writing a letter to an elected official, organizing legislative visits

2. Prepare a nomination letter explaining why the company/employee owner should be selected

3. Submit via email by February 1, 2020 to:
   WI ESOP Chapter, WI-Chapter@esopassociation.org | (608)237-1510
   THE DEADLINE FOR SUBMISSION IS FEBRUARY 1, 2020
The Wisconsin Chapter of The ESOP Association
2020 Nomination - ESOP Company of the Year

Use the below form to assist you in gathering examples of events and activities your ESOP company may have participated in. This is only to help provide suggestions and a starting point in composing your nomination, you are not limited to these events and activity examples. **Feel free to use supporting pictures and attachments, please do not exceed 3 pages in your nomination.**

Company Name: __________________________________________________

Year the Company was Established _____ Year the ESOP was Created _____

Contact Name: ____________________________________________________

Address: _________________________________________________________

Phone: _______________  Email: ___________________________________

**Provided background specific ESOP Activity in your company:**

- _____ Has ESOP Employee Communication or Advisory Committee
- _____ Has ESOP Employee Advisory Committee that is elected by employees
- _____ Has ESOP Employee Advisory Committee with an event budget
- _____ Provides non-management employee on company Board of Directors
- _____ Has non-management employee serve as an ESOP Trustee
- _____ Has pass-through voting for Board of Directors
- _____ Contributes to ESOP PAC
- _____ ESOP provides for in-service distributions other than diversification
- _____ Entered Annual Awards for Communication Excellence (AACE)
  - List AACE categories: ________________
- _____ Lobbies or contacts elected officials on ESOP issues
- _____ Submits Employee Owner of Year nomination
- _____ Sponsors the Chapter
- _____ Donates at EOF Fundraisers
- _____ Has web site with section on employee ownership
- _____ Company shirts, pens, mugs, etc. say employee-owned
- _____ Distributes ESOP newsletter to employees
- _____ Receives media recognition as a great place to work

**Has company activities such as:**

- _____ Employee Ownership Month
- _____ Program to explain ESOP and/or ESOP statements to employees
- _____ Mentoring and/or orientation program for new employees on ESOP
- _____ ESOP breakfasts
- _____ ESOP games (list, e.g., BINGO, Jeopardy)
- _____ ESOP barbecue
- _____ ESOP-related company trip
- _____ Employee lunch/breakfast with the CEO
- _____ CEO State of the Company Presentation and/or annual report
- _____ Sponsor local charitable events

**Has sent employees to ESOP Association events (list # sent and event):**

Midwest Regional Conference, Number Attended: _______
Wisconsin Roundtable Events _______
Wisconsin Chapter ESOP Conference/Metings, Number Attended: _______
D.C. Annual Conference, Number Attended: _______
National Las Vegas Conference, Number Attended: _______

**Has employee spoken/presented at an ESOP conference, # Participating: __________________**

Other things company has done to advance employee-ownership at your organization and through the ESOP Association
The Wisconsin Chapter of The ESOP Association
2020 Nomination – Employee Owner of the Year

Use the below form to assist you in gathering examples of positions, events and activities your Employee Owner may have participated in and/or organized for your Company. This is only to help provide suggestions and a starting point in composing your nomination, you are not limited to these events and activity examples. Feel free to use supporting pictures and attachments, please do not exceed 3 pages in your nomination.

Employee Name: _____________________________________________

Company Name: _____________________________________________

Contact Name: _____________________________________________

Address: ____________________________________________________

Phone: ___________________ Email: ____________________________

Provided background:
____ Serves on company's ESOP Employee Communication/Advisory
____ # of years on Committee
____ Chairperson of Committee
____ Holds a seat on company Board of Directors
____ Serves as an ESOP Trustee
____ Organized company entry in Annual Awards for Communication Excellence (AACE)
____ Lobbied/contacted elected officials on ESOP issues
____ Holds a seat on an ESOP Association Chapter Committee

Participated and/or led company activities such as:
____ Employee Ownership Month
____ Explanation of ESOP and/or statements to employees
____ Mentor and/or orientate new employees on ESOP
____ ESOP breakfasts
____ ESOP games
____ Company publications

Attended or provided support for ESOP Association events:
____ Midwest Regional Conference
____ Wisconsin Roundtables
____ Wisconsin Chapter Meetings
____ Annual Washington D.C. Conference
____ National Las Vegas Conference
____ Has spoken/presented at an ESOP conference