



ENTRY PACKET

2021 TURNAROUND OF THE YEAR AWARD

ENTRIES DUE: July 15, 2021

[TURNAROUND.ORG/CHICAGOMIDWEST](https://turnaround.org/chicagomidwest)

Recognizes the individuals who establish effective operations, implement solid management, improve cash flow, and increase production, in addition to the other operational factors leading to recovery of a struggling business.

TURNAROUND OF THE YEAR

Transaction entries must be submitted in one of the categories listed below. The Awards Committee may re-categorize an entry should another category be more appropriate or advantageous.

Small Company

Company revenue at time of transaction was equal to or less than \$100 million USD

Large Company

Company revenue at time of transaction was greater than \$100 million USD

Pro Bono

No fees in exchange for services; entry must demonstrate financial stability

ELIGIBILITY

ALL AWARDS AND CATEGORIES

- Every nominee must be a TMA member in good standing prior to submitting the entry. TMA membership is on an individual basis. [Click here to check current TMA membership status.](#)
- The company must be stable and generating positive cash flow from operations.
- The transaction must have been completed between April 1, 2020, and March 31, 2021.

MANDATORY COMPONENTS

Entries absent any mandatory component will not be judged. Carefully check your submission.

Completed entry form consists of:

- List of nominees. To the extent applicable, nomination of all contributing team members to include at least one each: attorney, financial advisor, turnaround manager, company leader, investment banker. Please briefly note individual contributions made by each team member in the space provided and briefly explain why that person's contribution is award-worthy.
- Key Players Contact Sheet.
- Completed narrative descriptions in compliance with indicated guidelines for word count.
- **NEW:** A submission can be made with a request to keep the client's name confidential during public announcements and award ceremonies. Subject to the following:
 - The client name needs to be disclosed confidentially to the awards committee only (it will not be shared with any other group or individuals).

- Two key players from the client have to complete the key player form.
- Press releases and Executive Speaker Forum materials will be presented to the client for approval (if they win).
- Timeline of major events and the period during which each occurred, covering the five stages of a turnaround: (1) evaluation; (2) management and/or operational change; (3) emergency action/execution; (4) stabilization; and (5) return to normal/return to growth. Data should be included to demonstrate all stages, especially stage five, return to normal/return to growth.
- Historical Financial Statement Form (use of this form specifically is required).
- Information Release Form signed by nominee(s) and nominator(s).
- Minimum of two signed Key Players Confirmation Letters.

OPTIONAL ATTACHMENTS

A maximum of three attachments may be submitted consistent with these guidelines:

- Each attachment may not exceed 20 pages.
- Allowable attachments in written format include PowerPoint presentations and other value creation memoranda, brochures, booklets, newspaper clippings, newsletters, annual reports, press releases, awards and distinctions, and correspondences. Digital format attachments are not allowed (e.g., video recording, audio recording, and web links).
- Items specifically requested in the application, such as the final disclosure statement and confirmed plan of reorganization, do not have to adhere to the 20 page limit.

SUBMITTING YOUR ENTRY

- Email one PDF file inclusive of all entry components and free of security restrictions. No other vehicle of submission will be accepted. See below for further details.
- The PDF file should be named as “Category–Name of Transaction” for instance, “Small Transaction - XYZ Manufacturing.”
- There will be no extensions or exceptions to the **July 15, 2021** deadline. Late, incomplete, or noncompliant entries, including optional attachments, will not be accepted.
- Email your completed entry to: cglatz@managementservices.org subject line: TMA Midwest Chapter Awards Program Entry - [Name of Transaction].

JUDGING

The Awards Committee is carefully composed to represent the diversity of the TMA membership. Entries are judged on individual merit; not all award categories will derive a winner in a given year. As judges review all components of the entry, they look for well-defined, measurable outcomes. The Awards Committee may re-categorize an entry should another category be more appropriate or advantageous.

NOTIFICATION

All nominees will be notified of the judging outcome by August 17, 2021. Award recipients will be recognized at a chapter sponsored awards program (format and date TBA).

PUBLICITY

Prior to local release, recipients will be published after each recipient is notified of the judging outcome. Then TMA will distribute a local press release of the 2021 award recipients. Recipients will receive a copy of this release, at which time they are encouraged to customize and distribute their own release to local media outlets. The chapter is okay if recipients care to distribute press releases in advance of the chapter’s release

QUESTIONS

Contact Christine Glatz, TMA Chicago/Midwest Chapter Executive, at
cglatz@managementservices.org
or (815) 469-2953

ENTRY FORM - 2021 TURNAROUND OF THE YEAR AWARD

AWARD CATEGORY

Please select the category in which the award is being submitted. Each company may only be submitted to one category, and either transaction or turnaround, but not both.

Small Company

Company revenue at onset of transaction was EQUAL TO OR LESS THAN \$100 million USD.

Large Company

Company revenue at onset of transaction was GREATER THAN \$100 million USD.

Pro Bono

No fees in exchange for services; entry must demonstrate financial stability.

REVENUE AMOUNT

Please enter revenue amount to confirm submission category:

NOMINATOR

Name

Company

Address

City

State

ZIP

Country

Telephone Number

Fax Number

Email Address

TURNAROUND ENTRY INFORMATION

Company Name of Transaction

Address

City

State

ZIP

Country

Contact Name

Contact Telephone

Contact Email Address

PUBLIC RELATIONS CONTACT

Name

Company

Address

City

State

ZIP

Country

Telephone Number

Fax Number

Email Address

NOMINEE(S)

Self-nomination is acceptable; indicate “self-nomination” on “name” line if applicable. **Each nominee must be listed separately; incomplete nominee information will not be accepted. You may include up to eight nominees.**

Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee’s contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee’s contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee’s contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee’s contribution

Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee's contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee's contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee's contribution



Name Company

Address

City State ZIP Country

Telephone Number Fax Number

Email Address

In the space above, provide a statement about the nominee's contribution

KEY PLAYERS CONTACT SHEET

- Complete the Key Players Contact Sheet with contact information for the key player categories listed below. The awards committee may contact and interview these key players.
- **An individual identified as a Key Player is considered a “Nominee” and therefore will receive an award should the entry win.**
- This sheet is a mandatory entry component.
- Indicate “N/A” for positions that are not applicable.
- Entrants are strongly encouraged, but not required, to submit a statement from a representative of each key constituency in the case, e.g., lender, unsecured creditor, equity holder, to allow judges to better understand how the transaction was viewed by the constituents affected.

Key player’s categories are:

- | | | |
|-------------------------|-------------------------------|--------------------------------|
| • Chairman of the Board | • Lead Banker | • Chair of Creditors Committee |
| • CRO | • Primary Attorney | • Debtors Counsel |
| • CEO | • Primary Financial Advisor | • Lender |
| • COO | • Primary Accountant | • Major Unsecured Creditor |
| • CFO | • Creditors Committee Counsel | |

CEO

Name _____ Company _____

Address _____

City _____ State _____ ZIP _____ Country _____

Telephone Number _____ Fax Number _____

Email Address _____

COO

Name _____ Company _____

Address _____

City _____ State _____ ZIP _____ Country _____

Telephone Number _____ Fax Number _____

Email Address _____

CRO

Name _____ Company _____

Address _____

City _____ State _____ ZIP _____ Country _____

Telephone Number _____ Fax Number _____

Email Address _____

CHAIRMAN OF THE BOARD

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

CFO

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

LEAD BANKER

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

PRIMARY ATTORNEY

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

PRIMARY FINANCIAL ADVISOR

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

PRIMARY ACCOUNTANT

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

CREDITORS COMMITTEE COUNSEL

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

CHAIR OF THE CREDITORS COMMITTEE

Name	Company		
Address			
City	State	ZIP	Country
Telephone Number	Fax Number		
Email Address			

DEBTORS COUNSEL

Name		Company	
Address			
City	State	ZIP	Country
Telephone Number		Fax Number	
Email Address			

LEADER

Name		Company	
Address			
City	State	ZIP	Country
Telephone Number		Fax Number	
Email Address			

MAJOR UNSECURED CREDITOR

Name		Company	
Address			
City	State	ZIP	Country
Telephone Number		Fax Number	
Email Address			

ADDITIONAL KEY PLAYER

Name		Company	
Address			
City	State	ZIP	Country
Telephone Number		Fax Number	
Email Address			

A. NARRATIVE DESCRIPTIONS

Please answer the questions on the following 8 pages in the space provided. Responses should not exceed 500 words per question (or more than the allotted space).

1. Provide a summary of the turnaround in 500 words or less. This summary will be used in the awards book if the entry is selected as an award winner.



2. Describe the company prior to reorganization. Do not include details about the turnaround. That information will be discussed separately. *(Optional)*

3. What were the company's problems leading up to the involvement of a turnaround team? *(Optional)*



4. What actions did the turnaround team take? *(Optional)*



5. What was the outcome of the turnaround in relation to the actions discussed in the previous question? *(Optional)*

6. If applicable for this turnaround, how many jobs were saved? (Please distinguish between temporary or part-time positions and permanent, full-time positions.) *(Optional)*

7. What percentage of allowed claims did creditors receive? (*Optional*)



8. How does the company now rate among the competition? (*Optional*)



9. How was the community and/or industry affected by this turnaround? (*Optional*)



10. If applicable and/or available, submit a copy of any final disclosure statement and confirmed plan of reorganization and include a key point summary, such as recovery to each class. *(Optional)*

B. TIMELINE

Please provide a timeline of major events and the period during which each occurred, covering the five stages of a turnaround. Data should be included to demonstrate all stages, especially stage 5, return to normal/return to growth/or turnaround complete. Timelines may be submitted in narrative form, not to exceed 500 words. *(Optional)*

- (1) Evaluation
 - (2) Management and/or operational change
 - (3) Emergency action/execution
 - (4) Stabilization
 - (5) Return to normal/return to growth/or turnaround complete
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C. HISTORICAL FINANCIAL STATEMENT

Please complete the Historical Financial Statement Form in its entirety. This form is a mandatory requirement for both the Turnaround and Transaction entries. The form is an Excel file and contains two tabs; Tab One is “Instructions and Helpful Hints”; Tab Two contains the “Presentation Worksheet” for completing the Historical Financial Statement. The Excel file can be saved like a regular document so that it can be completed at any time.

To request a historical financial form, please contact Sue Fischer [here](#).

2021 TRANSACTION OF THE YEAR AWARD APPLICATION

INFORMATION RELEASE FORM

All nominees and nominators (it is understood this may be the same person in the case of self-nomination) must complete and submit this form; duplicate the form as needed.

Questions or concerns regarding this release may be directed to Christine Glatz at cglatz@managementservices.org or (815) 469-2935.

To the best of my knowledge, the information provided on the entry form is true and complete. If I am selected as an award recipient, I hereby authorize the use of the following (in connection with the TMA Awards Program): my name; my company/organization name; photographs; video and audio recordings of myself or others related to the award from the awards ceremony or an alternate source. I agree that no compensation shall be due to me or my company for such usage.

By selecting the box to the left and providing my name and the date below, I indicate my understanding and compliance with the terms of this information release.

By selecting the box to the left I give permission to TMA Midwest Chapter to use this entry as a sample to serve as a guide to future applicants.

Name

Date

Award Category (e.g. Small Turnaround)

Award Entry (e.g. John Smith for XYZ Company)

KEY PLAYERS CONFIRMATION LETTER

Each entry must contain at least two completed Key Players Confirmation Letters supporting the nomination. A nominee cannot be the individual who completes this letter. This form must be used; duplicate it as needed.

Nominated Company

Award Category

I have reviewed the nomination of the company listed above for the TMA award category listed above, and I fully support the nomination. My role in this turnaround/transaction was as:

Please select the box next to the appropriate key player descriptor:

- Chairman of the Board
- CRO
- CEO
- COO
- CFO
- Lead Banker
- Primary Attorney
- Primary Financial Advisor and/or Valuation Expert
- Primary Accountant (inside and/or outside)
- Creditors Committee Counsel
- Chair of the Creditors Committee
- Debtors Counsel
- Lender
- Major Unsecured Creditor

I was and am aware of the many challenges and circumstances of the turnaround/transaction and that the nominee was a principal architect and/or driving force for this turnaround/transaction. If any member of the TMA Awards Committee has additional questions or would like to discuss this nomination further, I am willing to be contacted.

My signature is indicated by selecting the box to the left and my name and the date below.

Printed Name

Date

By selecting the box to the left, I give my permission for TMA to use this application for academic research in its efforts to enhance the practice of corporate renewal, indicated by my name and date below.

Printed Name

Date