



## 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](mailto: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

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### **QUESTIONS**

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

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# ENTRY FORM - 2021 TURNAROUND OF THE YEAR AWARD

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## 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:

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## NOMINATOR

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

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## TURNAROUND ENTRY INFORMATION

\_\_\_\_\_  
Company Name of Transaction

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Country

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Telephone

\_\_\_\_\_  
Contact Email Address

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## 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

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Name \_\_\_\_\_ Company \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

---

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Email Address \_\_\_\_\_

COO

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Name \_\_\_\_\_ Company \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Email Address \_\_\_\_\_

CRO

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Name \_\_\_\_\_ Company \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

---

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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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)*

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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)*

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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)*

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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)*

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**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
-

### **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

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*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](mailto: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)

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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.

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Nominated Company

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Award Category

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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

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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.

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Printed Name

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Date

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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

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Date