**Intent to Apply form**

**The Partnership for Excellence - Awards for Excellence Program**

**Important:** *To be considered for the upcoming application process, organizations must submit this form and non-refundable fee by August 15. The full application package - and remaining fees - must be submitted by December 1.*

**1. Your Organization**

Official Organization Name:

Mailing address:

Website URL:

Total Number of Full-time Employees:

Percent of Assets in OH/IN/WV:

Is your headquarters located in OH/IN/WV? yes\_\_ no\_\_ If not, where is it located?

Is there a parent organization? yes\_\_ no\_\_ If yes, where is it located?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of employees of parent: \_\_\_\_\_\_\_\_

Applicant organization is what percent of your parent’s total sales/budget?\_\_\_\_\_\_\_%

**2. Organization Sector Type** and **Framework/Criteria Used**

a. Organization Sector Type *(Check one.)*

* Business
* Education
* Health Care
* Nonprofit
* Government

b. Baldrige Excellence Framework/Criteria used *(Check one.)*

 Business/Nonprofit/Government

 Education

 Health Care

**3. Official Point of Contact**

Designate one person with in-depth knowledge of the organization and a good understanding of the application as the authority to answer inquiries and arrange a site visit. He/she will be the contact person for TPE and the Examining Team Leader. Contact between TPE and your organization is limited to this individual. Please inform TPE if the Official Point of Contact changes during the application process.

 Mr.  Mrs.  Ms.  Dr.  Other\_\_\_\_\_\_\_\_\_

Name:

Title/Position:

Telephone:

Fax:

E-mail:

**4. Highest Ranking Official of the Applicant Organization**

 Mr.  Mrs.  Ms.  Dr.  Other\_\_\_\_\_\_\_\_

Name:

Title/Position:

Mailing address:

 Same as above

Telephone:

Email:

**Assistant to Highest Ranking Official**

Name:

Phone:

Email:

**Applicant Responsibility**

I understand that this application will be reviewed by members of The Partnership for Excellence Board of Examiners. I agree that my organization will

* host the site visit,
* provide a secure meeting room *with printer*,
* facilitate an open and unbiased examination,
* pay reasonable costs associated with the site visit (i.e. lunch and snacks for examining team members on three-day site visit, to include lodging for those non-local examiners not sponsored by their employer),
* share nonproprietary information on its successful performance excellence strategies with other organizations, and
* participate in a virtual site visit if an in-person site visit is prohibited.

**Ethics Statement and Signature of the Highest-Ranking Official**

I state and attest that

(1) I have reviewed the information provided by my organization in this Intent to Apply.

(2) To the best of my knowledge, the application

* will contain no untrue statement of a material fact, and,
* will omit no material fact that I am legally permitted to disclose and that affects my organization’s ethical and legal practices. This includes but is not limited to sanctions and ethical breaches.

**Online Scorebook Program**

The Partnership for Excellence employs an online software program to improve the productivity of its examiners. This program is provided to TPE by an external organization, which owns the software.

Applicants to TPE waive their right to bring suit against the software provider and release the software provider from any claims, action, or losses arising from use of the software in conjunction with evaluating the document submitted by the Applicant.

By submitting this Intent-to-Apply, the applicant waives its right to bring suit as defined in the paragraph above.

**Name of Highest Ranking Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Highest Ranking Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Organization Description**

If your organization has more sites than the primary or headquarters location, list each site below and indicate:

1. address: street, city, state, zip code
2. number of fulltime employees at that site
3. percent of sales or services delivered at that site
4. description of the major products or services delivered at that site

For example, a) 123 Main Street, Any City, Ohio, 44000; b) 12; c) 23%; d) customer service center

**6. Examiner Nominees -** Each Applicant is required to nominate two (2) individuals to the TPE Board of Examiners:

Name

Title/Position

Address

Phone number

Email Address

Name

Title/Position

Address

Phone number

Email Address

**7. Fees –The appropriate non-refundable Intent to Apply fee to accompany this completed Intent to Apply form.**

* Check here if you have included a check or money order with this application *(payable to The Partnership for Excellence)*
* Check here if you are paying by credit card. TPE will email you a link to make a secure payment online. Clearly indicate below the name, phone, and email address of the person to whom the electronic invoice should be sent.
  + Name
  + Phone
  + Email address

**8. Submission**

To be considered for the upcoming award cycle, submit this Intent to Apply by **August 15**. Submit the Full Application Package on or before **December 1** to: The Partnership for Excellence, 829 Bethel Road #212, Columbus, Ohio 43214, ***and***email a PDF version to Margot Hoffman, President/CEO, at [margot.hoffman@partnershipohio.org](mailto:margot.hoffman@partnershipohio.org)