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**Advising and Partnering Application Form**

G U I D E L I N E S

Applicants may apply at any time throughout the year. This application form is required with the requisite fee. Please mail the completed form with payment to: The Partnership for Excellence, 829 Bethel Road #212, Columbus, Ohio 43214. You may also scan and email this form and an electronic invoice will be emailed to you for online credit card payment.

Please send all inquiries to margot.hoffman@partnershipohio.org or call us at 614-425-7157. Payment information is found on page 2 of this application.

*Organizations with more mature approaches, deployment, and results may want to consider the Full Application process. Full Applications are accepted annually. Please contact TPE for additional details.*

**Organization Information**

Organization Name:

Address, Street, City, State, Zip:

Website URL:

Total Number of Employees:

Number of Employees at this location:

Organization Sector Type: (circle or X one)

Business | Education | Health Care | Government | Non-Profit

Do you have a Parent Organization? Yes | No

If Yes, where is it located?

Total Number of Employees of Parent:

Your organization is what percentage of your Parent’s total Sales/Services:

**Highest Ranking Official**

Last Name, First Name, Middle Initial:

Title/Position:

Address, Street, City, State, Zip:

Phone Number:

Fax Number:

Email Address:

**Primary Contact Person**

Last Name, First Name, Middle Initial:

Title/Position:

Address, Street, City, State, Zip:

Phone Number:

Fax Number:

Email Address:

**Organization Description**

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

(a) Address: Street, City, State, Zip:

(b) Number of employees at that site:

(c) Percentage of sales or services delivered at that site:

(d) Description of the major products or services delivered at that site.

*For example:*

*(a) 123 Main Street, City, Ohio, 44000; (b) 12; (c) 23% (d) customer service center*

*(a) 567 Maple Street, City, Indiana 44000; (b) 52; (c) 77%; (d) production facility*

**Examiner Nominee**

*It is recommended that each Applicant nominate at least one individual for the Board of Examiners in the coming year*.

Last Name, First Name, Middle Initial:

Title/Position:

Address: Street, City, State Zip:

Phone Number:

Fax Number:

Email Address:

**Advising & Partnering Fees**

**Organization Size - Total Advising and Partnering Fees:**

Less than 400 Employees $3,965.00

400 or More Employees $5,125.00

**Payment: (select on)**

\_\_\_\_ Make checks or money orders payable to: *The Partnership for Excellence* and mail to The Partnership for Excellence, 829 Bethel Road #212, Columbus, Ohio 43214.

\_\_\_\_ Credit Card payments: An electronic invoice will be emailed to you for online payment.

*The Partnership for Excellence is recognized by the Internal Revenue Service as a 501(c)(3) tax exempt, charitable organization.  As such, your membership and contributions are tax deductible.*