

Intent to Participate

Submission of this form signals your organization’s intention to participate in the Virginia SPQA Discovery Program.

Please complete and return (if returning electronically, please add your organization’s name or acronym in the file name) along with your “intent to participate fee” to:

U.S. Senate Productivity and Quality Award for Virginia

[Programs.Services@spqa-va.org](mailto:Executive.Director@spqa-va.org)

**Contact Information**

|  |  |
| --- | --- |
| Organization Name: |  |
| Highest Ranking Official: |  |
| Title: |  |
| Point of Contact (POC): |  |
| POC Title: |  |
| POC Phone: |  |
| POC E-mail: |  |
| Organization Address: |  |
| City, State, Zip: |  |

**Business Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Category: | Manufacturing/Service  Education  Healthcare  Government | | |
| Organization Structure: | Profit  Not-For-Profit | # of Employees in VA or DC: |  |
| Main Product or Service: |  | | |

**SPQA Information**

|  |  |  |
| --- | --- | --- |
| Your “intent to participate fee” is $500.00: | SPQA will send an invoice and contact you to arrange payment | |
|  | |  |

**Important: please retain a copy of this form as it will need to be resubmitted with**

**your Self-Assessment and Participation Fee within 60 Days.**