

Intent to Participate

Submission of this form signals your organization’s intention to participate in the Virginia SPQA Discovery Program. SPQA will expect a Discovery Self-Assessment in not less than 60 days and not greater than 6 months from the date of this Intent.

Please complete and email this form to U.S. Senate Productivity and Quality Award (SPQA) at

Programs.Services@spqa-va.org.

**Date:** Click or tap to enter a date.

**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  |       |
| Main Product or Service: |       |

**SPQA Information**

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| Your “intent to participate fee” is $750.00: |  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.**