

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](mailto: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**

|  |  |  |
| --- | --- | --- |
| 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.**