

**2020 Award Intent to Apply**

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| Submission of this forms signals your organization’s intention to apply for the 2020 Virginia SPQA Award. Please complete and email this form to [programs.services@spqa-va.org](mailto:programs.services@spqa-va.org). Upon receipt of this form, you will be invoiced for the non-refundable $500.00 Intent to Apply fee. This Intent to Apply letter must be sent to SPQA by October 16, 2019. | |
| Date of this Intent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Contact Information** | |
| Organization Name: |  |
| Highest Ranking Official (Name): | Official Title: |
| Point of Contact (POC) | POC Title: |
| POC Phone: | POC Email |
| Organization Address | |
| **Business Information** | |
| Organization Category  \_\_\_\_ Manufacturing/Service \_\_\_\_ Education  \_\_\_\_ Health Care \_\_\_\_ Government  \_\_\_\_ Nonprofit  What is your Main Product or Service?  **SPQA Information**  Your application is for:  \_\_\_\_ 2020 SPQA Award \_\_\_\_ 2020 ACE Program  Have you applied before? \_\_\_\_Yes \_\_\_\_ No  If “Yes” what years? | Organizational Structure  \_\_\_\_ Profit \_\_\_\_ Non-Profit \_\_\_\_Government  # of Employees in VA or DC: \_\_\_\_\_\_\_  Is your organization a business unit of a larger parent organization?  \_\_\_\_\_ Yes \_\_\_\_\_ No  If yes, what is your parent organization?  If you are a distinct entity within the parent organization that can respond to the Criteria?  \_\_\_\_\_ Yes \_\_\_\_\_ No |
| **Nomination to 2020 Board of Examiners** (See Award Guidelines for Examiner Expectations and Time Commitment)  All award applicants are encouraged to nominate one senior member (up to two) from your organization whom you recommend to serve on the Examiner Board. Examiner appointments offer a significant opportunity to your organization to learn about the Criteria and the evaluation process. An applicant is eligible for some discount with each examiner nomination (see Award Guidelines for details).   |  |  | | --- | --- | | Name: | Name: | | Email Address: | Email Address: | | |
| In submitting this Intent to Apply, your organization is committing to pay the remaining fees and fully support:   1. An Examination Team Site Visit which occurs on **two to three consecutive days** between late April and early June\* 2. An Examination Report Feedback Meeting (2 hrs) which occurs on a day between late July and late August\*  * Note: Exact dates and times are determined in February and March | |

**IMPORTANT: Please retain a copy of this form for your files and include one copy with your application package** *Revised July 2019*