

Intent to Apply

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**

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

**SPQA Charge Information**

|  |  |
| --- | --- |
| Your “Intent to Apply”  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 Participant Fee.**