

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.

**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 of Service:  |       |

**SPQA Charge Information**

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