



# 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:** \_\_\_\_\_

## 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 \$500.00:

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.**