



# Intent to Apply/Eligibility Form

## Tennessee Center for Performance Excellence Award Program

**SUBMITTED BY**  
**2019 CYCLE: APRIL 15**  
**2020 CYCLE: APRIL 15**

You may download this form from the TNCPE website:  
[www.TNCPE.org/awards/apply](http://www.TNCPE.org/awards/apply).

Before you apply for a Level 2, 3, or 4 Award, TNCPE must determine your organization's eligibility. Please send the \$250 Intent to Apply Fee and one copy of the Intent to Apply/Eligibility Form, electronically or postmarked by the date noted above.

*Please type or print*

### 1. Applicant

Applicant organization's official name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Size and Locations

Total # of employees (full-time equivalent) \_\_\_\_\_

Total # of sites \_\_\_\_\_

### 3. Industry Sector

Please check the sector that best describes your organization

- Manufacturing     Education     Service  
 Government     Health Care     Nonprofit

### 4. Industrial Classification

List up to three NAICS codes that best describe your organization.

\_\_\_\_\_

### 5. How did you hear about TNCPE?

\_\_\_\_\_

### 6. Official Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Street address (no PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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### 7. Alternate Official Contact

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**8. Return Applicant?**    Yes \_\_\_\_\_    No \_\_\_\_\_

Application year(s): \_\_\_\_\_

### 9. Application Level

(See award level descriptions on pages vi-vii)

Check One:     2     3     4

### 10. Assurance and Authorization

We understand this Intent to Apply/Eligibility Form and subsequent application to TNCPE will be reviewed by members of the TNCPE Board of Examiners. We further understand that all examiners are required to follow the TNCPE Code of Ethics and Standards of Conduct to ensure confidentiality and avoid possible conflict of interest.

Authorized signature - Highest ranking official of applicant organization \_\_\_\_\_

Name (please type or print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

*Intent to Apply/Eligibility Form is  
 continued on next page*

### 11. Participation on the Board of Examiners

\_\_\_\_\_ Our organization wishes to send one employee to TNCPE examiner training free of charge. We understand that if the examiner attends training but is unable to complete the entire training and review cycle, our organization will be invoiced for \$595, the value of examiner training.

\_\_\_\_\_  
Name of examiner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_ We prefer not to participate on the Board of Examiners this calendar year.

### 12. Business Factors

In addition to determining eligibility, this information is used by TNCPE to screen and assign examiner teams to avoid conflict of interest in application reviews.

Please attach a line and box organizational chart or charts for your organization along with the following information:

*Business/Organization Description:* Provide a brief description of the nature of your business or organization (products and services, programs, or technologies). Conclude with a list of key competitors or indicate if no direct competitors exist.

*Market and Customers:* Provide a brief description of the nature of major markets (local, regional, national, international). Conclude with a list of key customers.

*Suppliers, Partners and Collaborators:* Provide a brief description of the importance of suppliers, partners, and collaborators. Conclude with a list of key suppliers/partners and the type of products or services each provides.

### 13. Subunits

Complete only if the applicant organization is a unit or division of a larger (or parent) company. If this is the case, attach a line and box organizational chart showing your organization's relationship to the highest management level of the parent organization.

A. Is the applicant \_\_\_\_\_ a larger parent or system?  
(Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> a subsidiary of | <input type="checkbox"/> a like organization of |
| <input type="checkbox"/> a division of   | <input type="checkbox"/> administered by        |
| <input type="checkbox"/> controlled by   | <input type="checkbox"/> a school of            |
| <input type="checkbox"/> a unit of       | <input type="checkbox"/> owned by               |

### B. Parent organization

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address (no PO Box)

\_\_\_\_\_  
City State Zip

Highest ranking official of parent organization

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

C. Is the applicant the only subunit of the parent organization intending to apply?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

D. Briefly describe the major functions provided to the applicant by the parent or by other subunits of the parent. Examples of such functions include but are not limited to strategic planning, research and development, data gathering and analysis, human resources, legal services, finance or accounting, sales and marketing, supply chain management, global expansion, information and knowledge management, education and training programs, information systems and technology support, curriculum and instruction, and academic program coordination/development.

E. Is the applicant self-sufficient enough to respond to all seven Baldrige Excellence Framework categories?

\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, briefly explain)

### 14. Intent to Apply Fee

Submit the \$250 Intent Fee (non-refundable) made payable to TNCPE to cover initial processing and eligibility determination. A check may be mailed to the address below or call to make a credit card payment. In addition to your Intent to Apply Fee, submit one copy of your Intent to Apply/Eligibility Form and supplementary attachments electronically to [contact@TNCPE.org](mailto:contact@TNCPE.org).

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