



Intent to Apply/Eligibility Form

Tennessee Center for Performance Excellence Award Program

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

You may download this form from the TNCPE website:
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.)

- a subsidiary of
- a division of
- controlled by
- a unit of
- a like organization of
- administered by
- a school of
- 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.

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