



# Level 1 Application Form

**This form is to be used by Level 1 applicants only. Level 2, 3 and 4 applicants, please use the Intent-to-Apply form. Process Level applicants, please use the Process Level Application Form.**

Submit your Level 1 Application form and application fee to:

[kshepard@swae.org](mailto:kshepard@swae.org) or

Southwest Alliance for Excellence  
3961 E. Chandler Blvd. Suite 111-334 (mailing address only)  
Phoenix AZ, 85048

### 1. Applicant

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

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

\*Part-time workers are counted as total part-time hours per week divided by 40. For example: 10 people at 20 hours is equal to 5 full time equivalent employees (10\*20 / 40 = 5).

### 2. Industry Sector

Please check the sectors that best describes your organization

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Government  | <input type="checkbox"/> For Profit     |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Health Care |   |
| <input type="checkbox"/> Service       | <input type="checkbox"/> Nonprofit   | <input type="checkbox"/> Not-for-Profit |

### 3. Official Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (no PO Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- 4. Percent of physical assets in the state from which the organization is applying: \_\_\_\_\_
- 5. Has the organization existed for at least one year?  Yes  No
- 6. Is the organization headquartered in the same state from which the organization is applying?  
 Yes  No
- 7. Is the organization a subsidiary of a larger organization?  
 Yes  No
- 8. If the applicant answered "Yes" to being a subsidiary, complete the following:
  - a. Parent Organization: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Highest Official of Parent Organization: \_\_\_\_\_
  - d. Title: \_\_\_\_\_
  - e. Does the Applicant comprise over 50% of the parent organization?  Yes  No

**9. Fees**

An Application Fee is required with this Application Form. (Refer to the fee schedule in the Application Guidance Manual, page 8).

Total Enclosed: \_\_\_\_\_

- 10. One-Sentence Description of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I state and attest that:** To the best of my knowledge, no untrue statement or omission of a material fact has been made in this application package. Based on the information herein and the current eligibility requirements for the Southwest Alliance for Excellence Performance Excellence Program, my organization is eligible to apply. I understand if information is found not to support eligibility at any time during the Award Process cycle, my organization will no longer receive consideration for recognition and will only receive a Feedback Report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date