2021 Intent to Apply and Eligibility Form

1. The applicant is applying for:

   Organization Level
   □ Level 4 (Excellence)    □ Level 3 (Achievement)    □ Level 2 (Commitment)

   Workforce Size
   □ Large Organization (More than 1500 paid workers)
   □ Medium Organization (501-1500 paid workers)
   □ Small Organization (Less than 500 paid workers)

2. Please check which of the following weeks the applicant's preferred week for site visit is. If both weeks are acceptable, please check both weeks. Site visits for Organization Level applicants will not exceed 5 days; actual duration will depend on initial review of the application and size of the organization. (Refer to the Application Guidance Document, page 9.)

   □ Week of November 1 – 5, 2021  (Your “preferred” week is not guaranteed.)
   □ Week of November 8 – 12, 2021

3. Organization name (include parent & subsidiary names if applicable):

4. Organization address [city, state, zip] (headquarters address or location applying to the program):

5. Contact person (to be the liaison with SWAE):

   Name: ________________________________
   Title: ________________________________

6. Contact person’s telephone number: __________________ Fax number: ______________

7. Contact person’s email address: _________________________________________________

8. Name of CEO or President (provide name of person with closest approximate position, if different):

   ________________________________________________

9. Quality/Performance Excellence Director (person with closest approximate responsibilities):

   ________________________________________________
10. Industry
- Computers/Technology
- Education
- Energy/Utilities
- Finance or Insurance
- Government or Nonprofit
- Healthcare
- Hospitality
- Manufacturing
- Professional/Commercial Services
- Real Estate/Construction
- Retail
- Telecommunications
- Wholesale Distribution
- Other (please specify)

11. Type of organization
- For Profit
- Not for Profit (non-government)
- Government

12. Number of full-time paid workers
- 2-19
- 20-49
- 50-99
- 100-249
- 250-499
- 500+

13. Number of part-time paid workers
- Zero
- 1-19
- 20-49
- 50-99
- 100-249
- 250-499
- 500+

14. Percent of workforce in applicant’s state ____%

15. Number of Volunteers ________

16. Percent of physical assets in the state from which the organization is applying. _______%

17. Has the organization existed for at least one year?  □ Yes  □ No

18. Is the organization headquartered in the same state from which the organization is applying?  □ Yes  □ No

19. Is the organization a subsidiary of a larger organization?  □ Yes  □ No

20. If 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 Applicant comprise over 50% of parent organization?  □ Yes  □ No

21. Confidentiality Considerations:
   a. Applicant waives the right to bring suit against the Southwest Alliance for Excellence, from any
      claims, actions, or losses arising from the Performance Excellence Program process.
      □ Accept  □ Decline

   **Confidentiality Note:** Strict conflict of interest rules apply throughout the processes. Names of
   applicants, individual applications, commentary, and scoring information developed during the
   review of the application are regarded as proprietary and are kept confidential. Such
   information is available only to those individuals directly involved in the evaluation and
   application distribution process. Information on successful strategies of award recipients and
   other applicants may be released only with written approval of the applicant.

22. The applicant submits the following required and potential, additional Examiner candidates:

www.swae.org    33    2021 Performance Excellence Program
(Please contact the SWAE if you have questions or concerns, or if you are unable to provide an examiner.)

**Necessary** Examiner: ___________________________ Email: ___________________________

Potential Examiner: ___________________________ Email: ___________________________

Potential Examiner: ___________________________ Email: ___________________________

Potential Examiner: ___________________________ Email: ___________________________

**Note:** (Examiner Applications can be found at [www.swae.org](http://www.swae.org), go to *What We Do* on the top Navigation bar of the home page then click on *Examiners*, or you can request one from the SWAE at [info@swae.org](mailto:info@swae.org).
Release Statement

We agree to all terms stated above and attest to the validity and truth of all information we have provided. We understand that by applying for the Performance Excellence Program, we accept all the requirements of the Performance Excellence Program process. The application fee is non-refundable. We agree to host a site visit and to facilitate an open and unbiased examination. We understand that our organization must reimburse the Southwest Alliance for Excellence (SWAE) for reasonable costs and expenses associated with a site visit and the team of examiners. Additionally, we understand that our organization must provide one examiner per application, to support the program.

The SWAE may request additional information concerning our organization if issues are identified that could affect the credibility and valuation of the Performance Excellence Program. This information must be supplied, if requested, to the SWAE. We agree to make SWAE aware upon inquiry of any current or pending regulatory, criminal, or civil action that could damage the reputation of the Performance Excellence Program process.

If our organization is selected to receive an Award, we agree to share non-proprietary information on our successful performance and quality strategies with other organizations. This includes participation in conferences, workshops or other events sponsored by SWAE.

By applying to the Performance Excellence Program, the applicant agrees to provide an electronic application and allow SWAE to upload the application, and the Board of Examiners and Judges to download the application, so it can be copied temporarily as a file onto a thumb drive or printed.

By applying to the Performance Excellence Program, the applicant agrees to provide to SWAE an electronic copy of the original application edited for general public consumption. The applicant also agrees to allow SWAE to use this edited application as well as the organization’s name as a recipient of an award in educational, marketing and promotional materials for the Performance Excellence Program and the SWAE. However, our organization will continue to own the information.

_________________________  ________________________
Signature, Contact Person of Applicant        Title

_________________________
Date

_________________________  ________________________
Signature, CEO or Other Official)        Title

_________________________
Date

Please sign where indicated, email pages 32-34 of this document to info@swae.org and provide a minimum of 50% of the application fee and 100% of the admin fee to SWAE. via Credit Card (+ 5% service fee), electronic payment or check to:

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