#### 

#### Intent to Apply & Eligibility Agreement Form

1. Applicant Organization Name (*include parent & subsidiary names if applicable*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant Organization Address (*location of physical headquarters*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Industry Sector *(please indicate one)*:

Manufacturing Government Service

Education Health Care Nonprofit

1. Organization Workforce Size *(select one)*:

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

1. % of workforce in applicant’s state: \_\_\_\_\_\_\_\_\_ %
2. Has the organization existed for at least one year? Yes No



1. Is the applicant organization a unit or division of a larger company?
2. Does Applicant comprise over 50% of parent organization? Yes No
3. If you answered “YES” to # 7 or #8, please indicate the name and address of the parent company:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *An organization must have at least 50% of its assets, revenues or workforce or its headquarters based in Arizona, Nevada or Utah, as appropriate.*
* *An organization that is part of a larger entity must have sufficient autonomy and authority to make decisions, initiate actions, implement programs, and allocate resources free from the direct control of the larger entity. For example, a college within a university is eligible if it can demonstrate sufficient independent control over the factors that affect the quality of its processes and services.*
* *An organization must have existed at least one year prior to submitting an application.*
* *The organization must be permanent i.e., it must not be an organizational unit with a defined limited life or an ad-hoc committee, board, or other such unit.*
* *The organization must have more than two full-time workers.*
* *A subsidiary and its parent organization may not submit a Level 2-4 application in the same year. Different subsidiaries of the same parent organization may apply concurrently.*
* *Eligibility at the regional SWAE level does not automatically confer eligibility at the National Baldrige level.*

1. Contact Person and Title (to act as the SWAE liaison): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact Person Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contact Person Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please indicate the application level you are submitting an Intent to Apply for *(Note: an Intent to Apply form is not required for a Level 1 application)*:



Process Level (Showcase in Excellence)



Level 3 (Achievement)

1. If you are submitting a Level 2 - 4 Intent to Apply/Application, please check your organization’s preferred site visit week. If both weeks are acceptable, please check both weeks.

**Week of October 31 - November 4, 2022** *(Your “preferred” week is not guaranteed.)*

Week of November 7 - 11 , 2022

1. The applicant must provide or sponsor at least one person to serve on SWAE’s Board of Examiners (BoE) per submitted application or increase its application fee by $1,000 per application. The applicant submits the following required Examiner candidate:

Examiner: Email:

1. 50% of the required application fee listed below must be submitted concurrently with this Intent to Apply. Please indicate the amount that will be submitted and the submittal method (check one):

ACH $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card (5% service fee applies) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Application** | **Number of Employees** | **Application Fee (Non-member)** | **Application**  **Fee (Member)** |
| **Showcase in Excellence (Process Level)** | **N/A** | **$1750** | **$1450** |
| **Commitment (Level 2\*)** | **1-500** | **$2900** | **$2500** |
| **501-1500** | **$4100** | **$3700** |
| **More than 1500** | **$5100** | **$4700** |
| **Achievement (Level 3\*)** | **1-500** | **$4600** | **$4000** |
| **501-1500** | **$5800** | **$5200** |
| **More than 1500** | **$6800** | **$6200** |
| **Excellence (Level 4\*)** | **1-500** | **$6300** | **$5500** |
| **501-1500** | **$7500** | **$6700** |
| **More than 1500** | **$8500** | **$7700** |

*Includes Administrative Fee as follows: Process Level - $250, Level 2 - $500, Level 3 - $1000, or Level 4 - $1500*

*Site visit fees are a reimbursement of actual costs, are in addition to the application fees listed above, and are invoiced separately to the applicant at actual expense amount. The applicant will reimburse the examiner team’s expenses for transportation, lodging and food, etc. associated with the site visit. The applicant may estimate and pre-pay a portion of these costs prior to scheduling the visit. The remainder will be paid after the site visit. Site visit length for a Level 2-4 application is up to 5 days. Please refer to the Application Guidance Manual for more information on the site visit process and fees.*

Release Statement

By signing my name below, I agree to the following on behalf of my organization, and attest to the validity and truth of all information provided in this Intent to Apply. By submitting this Intent to Apply, we (my organization) accept all requirements of the Performance Excellence Program process and acknowledge that all fees are 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.

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

We agree to follow the guidelines provided in the Application Packet, Baldrige Criteria and other program materials. We also agree to permit SWAE to use the organization’s award status (if recognized) and edited application for marketing and promotional purposes by SWAE and its Performance Excellence Program. We also agree to provide an electronic application in PDF format, 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.

We waive the right to bring suit against the Southwest Alliance for Excellence, from any claims, actions, or losses arising from the Performance Excellence Program process.

If our organization is selected to receive an Award, we agree to: 1) 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, 2) provide to SWAE an electronic copy of the original application edited for general public consumption, and 3) 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 .

SWAE agrees to: 1) Not disclose the organization’s identity to anyone other than members of the Board of Examiners or the Panel of Judges unless the applicant requests disclosure or is selected for an award, 2)Coordinate the application process and ensure the examiner team is properly constituted, 3) Deliver an electronic copy of the Feedback Report to the applicant’s contact person at the conclusion of the application process, and 4) Take all prudent measures to protect the integrity of the applicant’s electronic application so that only the appropriate examiner team and judges can view the application. Please print your name, title, and date to indicate you agree as the contact person of the Applicant:

Signature & Title, Contact Person of Applicant Print Name and Date

**Please complete, sign, scan and email this form to** [**Info@SWAE.org**](mailto:Info@SWAE.org) **and**

**concurrently submit applicable fees.**