

## 1. Your Organization

Official name		Headquarters address
Other name		
Prior name	<i>(if changed within the past 5 years)</i>	

## 2. Highest-Ranking Official

Mr.  Mrs.  Ms.  Dr.

Name		Address <input type="checkbox"/> Same as above
Job title		
Email		
Telephone		
Fax		

## 3. Eligibility Contact Point

*Designate a person who can answer inquiries about your organization. Questions from your organization and requests from the Baldrige Program will be limited to this person and the alternate identified below.*

Mr.  Mrs.  Ms.  Dr.

Name		Address <input type="checkbox"/> Same as above
Job title		
Email		Overnight mailing address <input type="checkbox"/> Same as above <i>(Do not use a P.O. box number.)</i>
Telephone (office and cell, if possible)		
Fax		

## 4. Alternate Eligibility Contact Point

Mr.  Mrs.  Ms.  Dr.

Name		Telephone	
Email		Fax	

## 5. Application History

a. Has your organization previously submitted an eligibility certification package?

Yes. *Indicate the year(s). Also indicate the organization's name at that time, if different.*

Year(s)

Name(s)

No

Don't know

## 6. Eligibility Determination

a. Is your organization a distinct organization or business unit headquartered in Iowa?

Yes  No. *Briefly explain.*

b. If your organization receives an award, can it make sufficient personnel and documentation available to share its practices at the Iowa Performance Excellence Conference and at your organization's facilities?

Yes  No

### Questions for Subunits Only

c. Does your subunit function independently and as a discrete entity, with substantial authority to make key administrative and operational decisions? (It may receive policy direction and oversight from the parent organization.)

Yes.

No.

d. Does your subunit have a clear definition of "organization" reflected in its literature? Does it function as a business or operational entity, not as activities assembled to write an award application?

Yes. *Continue with 6i.*

No.

*If you checked "No" for 6a, 6b, 6c, or 6d call the IRPE at 319.398.7101*



<b>Total</b>				<b>100%</b>	

*\*The term workforce refers to all people actively involved in accomplishing the work of an organization. The workforce includes paid employees (e.g., permanent, part-time, temporary, telecommuting, and contract employees supervised by the organization) and volunteers, as appropriate; it also includes team leaders, supervisors, and managers at all levels.*

## 8. Award Category and Criteria Used

a. Award category (Check one.)

- Manufacturing
- Service
- Education
- Health care
- Nonprofit

b. Criteria used (Check one.)

- Business/Nonprofit
- Education
- Health Care

## 9. Publicity Permission

Does the IRPE program have your permission to recognize and publicize your organization as a participant in the Iowa Recognition for Performance Excellence?

- Yes
- No

## 10. Fees

As an applicant, you will be invoiced:

When Invoiced	Cost*	Notes
Submission of Eligibility	\$2,250	Initial review, non-refundable, 2 examiner fees waived,
Consensus Week	\$7,000	Site visit, travel expenses**, feedback report
<b>Total</b>	<b>\$9,250</b>	

\*A 10% discount will apply for <500 employees or for K-12 educational institutions

\*\* Hotel stays are not included in the cost if required

## 11. Self-Certification and Signature

I state and attest the following:

- (1) I have reviewed the information provided in this package.
- (2) To the best of my knowledge,
  - this package includes no untrue statement of a material fact, and
  - no material fact has been omitted.
- (3) Based on the information herein and the current eligibility requirements for the IRPE, my organization is eligible to apply.
- (4) I understand that if the information is found not to support eligibility at any time during the 2019 award process, my organization will no longer receive consideration for the award and will receive only a feedback report.
- (5) To the best of my knowledge, this package contains no untrue statement of a material fact and omits no material fact that I am legally permitted to disclose and that affects my organization's ethical and legal practices. This includes but is not limited to sanctions and ethical breaches.
- (6) I agree to the fee structure noted in section 10.
- (7) My typed signature and submitting this form is the same as a physical signature.

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Signature of highest-ranking official

Printed name

Date

## 12. Submission

To be considered for the 2021 IRPE process, you can submit your Application Form electronically by July 15<sup>th</sup>. Application submission can occur electronically (preferred) or by hardcopy. If hardcopies are submitted, a minimum of 15 copies of your application materials including this eligibility content due in hand at IQC by Sept 7.

IQC

Attn: IRPE

5001 1<sup>st</sup> Ave SE, Suite 105-303

Cedar Rapids, IA 52402