

INSERT TITLE PAGE FOR YOUR ORGANIZATION

1. Your Organization

Official name

Other name

Prior name

(if changed within the past 5 years)

Headquarters address

2. Highest-Ranking Official

Mr. Mrs. Ms. Dr.

Name

Job title

Email

Telephone

Fax

Address

Same as above

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

Job title

Email

Telephone
(office and cell,
if possible)

Fax

Address

Same as above

Overnight
mailing
address

Same as above *(Do not use a P.O. box number.)*

4. Alternate Eligibility Contact Point

Mr. Mrs. Ms. Dr.

Name

Email

Telephone

Fax



IRPE Tier 1 “Explorer” Application Template

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.*

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Questions for Subunits Only

b. 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.

c. 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



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7. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information requested here. You may group sites by function or location (city, state), as appropriate. Please include the total for **each column** (sites, employees/faculty/staff, volunteers, and products/services). If different sites are located on the same campus (e.g., medical building and acute care hospital), please indicate that in the “Sites” column. See the ABC HealthCare example below. If your organization has any joint ventures, please list and describe those in the second table below.

*Please include a detailed listing showing all your sites. If your organization receives a site visit, an examiner team will use this information for planning and conducting its visit. Although site visits are not conducted at facilities outside Iowa, these facilities may be contacted by teleconference or videoconference. **Note: you can remove the example when submitting.*

Example (ABC HealthCare)					
	Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use “N/A” (not applicable).</i>	Relevant Products, Services, and/or Technologies
		<i>Check one or more.</i> <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Volunteers (no. or N/A)	<i>Check one. % of</i> <input type="checkbox"/> Sales <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Budget	
	ABC Medical Center, Anytown, NY	1,232	147	77%	Admin. offices, inpatient care, ED, imaging services, lab
	ABC Hospital West, West Anytown, NY	255	78	14%	Inpatient services, ED, lab
	ABC Medical Group, Anytown, NY <i>Located on same campus as ABC Medical Center</i>	236	N/A	6%	Primary & specialty physician care
	ABC Imaging Center, West Anytown, NY	11	N/A	1%	Imaging services
	ABC Hospice Services, West Anytown, NY <i>Different location than ABC Hospital West and ABC Imaging Center</i>	94	89	1%	On- and off-site hospice services
	ABC Urgent Care, West Anytown, NY	8	N/A	1%	Outpatient emergency and urgent care services
Total	6	1,836	314	100%	

Your Organization					
	Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use “N/A” (not applicable).</i>	Relevant Products, Services, and/or Technologies
		<i>Check one or more.</i> <input type="checkbox"/> Employees <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Volunteers (no. or N/A)	<i>Check one. % of</i> <input type="checkbox"/> Sales <input type="checkbox"/> Revenue <input type="checkbox"/> Budget	



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Total				100%	

**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. 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

9. Fees

As an applicant, you will be invoiced:

When Invoiced	Cost*	Included
Submission	\$1,300	Initial review, non-refundable
In-Person Session	\$1,950	Site visit work, travel expenses** & feedback report
Total	\$3,250	Feedback report, 1 examiner fee waived.

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

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



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10. 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

11. Submission

To be considered for the IRPE process, you can submit your Application Form and Application materials at any time during the year. Submission occurs electronically.