

1.	Your Organizati	on			
	Official name		Headquarte addre		
	Other name		- addre	88	
	Prior name	(if changed within the past 5 years)			
2.	Highest-Rankin	g Official		l	
	$\square$ Mr. $\square$ Mrs.	$\square$ Ms. $\square$ Dr.			
	Name		Addre	SS	☐Same as above
	Job title				
	Email				
	Telephone				
	Fax				
3.	Designate a person requests from the l	nct Point  n who can answer inquiries about you Baldrige Program will be limited to to  □Ms. □Dr.			
	Name		Addre	SS	☐Same as above
	Job title				
	Email				
	Telephone (office and cell, if possible)		Overnig mailir addre	ng	☐ Same as above (Do not use a P.O. box number.)
	Fax		addre	SS	
4.		ility Contact Point □Ms. □Dr.			
	Name		Telephone		
	Email		Fax		

# a. Has your organization previously submitted an eligibility certification package? Year(s) Name(s) Name(s) 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

- 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.)
  - $\square$  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

## 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)							
		Workforce* List the numbers at each site.		List the % at each site, or use "N/A" (not applicable).				
	Sites (U.S. and Foreign) List the city and the state or country.	Check one or more.  ⊠ Employees □ Faculty □ Staff	Volunteers (no. or N/A)	Check one. % of □ Sales ⊠ Revenue □ Budget	Relevant Products, Services, and/or Technologies			
	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 Located on same campus as ABC Medical Center	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 Different location than ABC Hospital West and ABC Imaging Center	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						
		Workforce* List the numbers at each site.		List the % at each site, or use "N/A" (not applicable).		
		Check one or more.		Check one. <b>% of</b>		
	Sites (U.S. and Foreign) List the city and the state or country.	☐ Employees ☐ Faculty ☐ Staff	Volunteers (no. or N/A)	☐ Sales ☐ Revenue ☐ Budget	Relevant Products, Services, and/or Technologies	

-			
Total		100%	

# 8. Award Category and Criteria Used

(01.1)	b.	Criteria used (Check one.)
a. Award category (Check one.)	υ.	Criteria usea (Cricek Offe.)
☐ Manufacturing		☐ Business/Nonprofit
☐ Service		☐ Education
☐ Small business. The larger percentage of sales is in <i>(check one)</i> ☐ Manufacturing ☐ Service		☐ Health Care
☐ Education		
☐ Health care		
☐ Nonprofit		
9. Publicity Permission		
Does the IRPE program have your permission to recogniz Recognition for Performance Excellence?	e an	d publicize your organization as a participant in the Iowa
Yes		
□ No		

### 10. Fees

As an applicant, you will be invoiced:

When Invoiced	Cost*	Included
Submission	\$1,750	Initial review, non-refundable
Consensus Week	\$4,500	Site visit, travel expenses**, feedback report, 2 examiner fees waived.
Total	\$6,250	

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

<sup>\*</sup>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.

<sup>\*\*</sup> Hotel stays are not included in the cost

# 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 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.

Signature of highest-ranking official	Printed name	Date

### 12. Submission

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