| 1. | Your Organizat | ion | | | |
|----|--|--|------------------|-----|---|
| | Official name | | Headquarte | | |
| | Other name | | — addre | ess | |
| | Prior name | (if changed within the past 5 years) | | | |
| | | | | | |
| 2. | Highest-Rankin | g Official | | | |
| | \square Mr. \square Mrs. | \square Ms. \square Dr. | | | |
| | Name | | Addre | ess | ☐Same as above |
| | Job title | | | | |
| | Email | | | | |
| | Telephone | | | | |
| | Fax | | | | |
| 3. | Eligibility Conta | act Point | | | |
| | Designate a perso | n who can answer inquiries about yo Baldrige Program will be limited to t | | | |
| | \square Mr. \square Mrs. | \square Ms. \square Dr. | | | |
| | Name | | Addre | ess | □Same as above |
| | Job title | | | | |
| | Email | | | | |
| | Telephone (office and cell, if possible) | | Overnig maili | | \square Same as above (Do not use a P.O. box number.) |
| | Fax | | addre | ess | |
| 4. | Alternate Eligib | oility Contact Point | | | |
| | | □Ms. □Dr. | | | |
| | Name | | Telephone | | |
| | Email | | Fax | | |

- 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

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.

| 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 the 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% | | | |

**Note: you can remove the example when submitting.

| Your Organization | | | | | | | |
|-------------------|--|---|---|--|--|--|--|
| | | | Workforce* st the numbers at each site. | | | | |
| | 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 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Total | | 100% | |
|-------|--|------|--|

8. Award Category and Criteria Used

| ä | a. Award category (Check one.) | b. | Criteria used (Check one.) |
|-------|---|-------------|--|
| 1 | ☐ Manufacturing | | ☐ Business/Nonprofit |
| | ☐ Service | ☐ Education | |
| 1 | ☐ Education | | ☐ Health Care |
| 1 | ☐ Health care | | |
| 1 | □ Nonprofit | | |
| | | | |
| 9. Pu | ublicity Permission | | |
| | the IRPE program have your permission to recogniz gnition for Performance Excellence? | e an | d publicize your organization as a participant in the Iowa |
| Y | es | | |
| □ N | o | | |
| | | | |

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 |
| Total | \$9,250 | |

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

^{*}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.

^{**} 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.

| Signature of highest-ranking official | Printed name | Date |
|---------------------------------------|--------------|------|

12. Submission

To be considered for the 2023 IRPE process, you can submit your Application Form electronically by July 30. Application submission will occur electronically by August 24.