

WSQA INTENT TO APPLY

This form is valid for one year from the date signed.

Applicant

Organization Name (as you would like it to appear on an award, should you be a recipient)

Other Names [Click here to enter text.](#)

Prior Names [Click here to enter text.](#)

Address

Have you been a prior applicant to WSQA? Yes No If yes, which year? [Enter the Year](#)

Sector

Check appropriate box to indicate sector and organization size.

Business Not-for-Profit Healthcare

Public Education

Criteria Booklet Being Used by Applicant:

Criteria for Performance Excellence Healthcare Education

Application Level and Application Fee (see fee table on Web site) to be submitted with application OR with this Intent to Apply Form

Lite (Assessment) \$

Desired submission date of Lite application: January 1 April 1 July 1 October 1

Full Examination \$

Permission to Release Applicant Name and Contact:

Permission is granted to release organization name and contact name as an applicant (release includes, but is not limited to posting the applicant's name and contact name on the WSQA website as an "Organization embarking on the Path of Excellence through the submission of a Lite or Full application"). Yes No

Highest Ranking Applicant Official in the State of Washington

Mr. Mrs. Ms. Dr.

Name Title

Address

Telephone Number

E-mail

Official Contact Person

Mr. Mrs. Ms. Dr.

Name Title

Address

Telephone Number

Fax Number

E-mail

Address Feedback Report to: Highest Ranking Official Official Contact Person Other (specify)

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Examiner Commitment:

Name of Examiner: E-mail Phone
Submission date of Examiner Application:

Name of Examiner: E-mail Phone
Submission date of Examiner Application:

Name of Examiner: E-mail Phone
Submission date of Examiner Application:

Examiners must commit the year prior, during, or post application submission.

Applicant Headquarters

Indicate if the applicant's headquarters are located in the state of Washington. If the headquarters are not in Washington, please provide a brief explanation.

Yes No

Explanation:

Applicant Size and Site Locations

Number of Employees [Click here to number](#)
Percent of Employees Located in the State of Washington
Total Number of Sites
List a brief description and complete address for each site.

Subsidiary Organizational Unit or Division

Indicate if the applicant is a unit, division, or other component of a larger parent organization. If the applicant is part of a larger parent organization, complete each of the additional items in this section.

Yes, applicant is part of a larger parent organization
 No, applicant is not part of a larger parent organization

Parent Organization Name

Address

Highest Ranking Official of Parent Organization

Mr. Mrs. Ms. Dr.

Title

Telephone Number

Indicate if other units within the parent organization offer similar products or services. If other units do offer similar products or services, please provide a brief explanation.

Yes No

Briefly describe any major business support functions that are provided to the applicant by the parent organization.

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Fee

The Intent to Apply Fee of \$150 must be submitted with the Intent to Apply Form. Your form will not be dated as received until the fee is received. Checks should be made payable to: **Washington State Quality Award**. Please indicate method of payment:

Check (enclosed) Money Order (enclosed) EFT, Date Sent Credit Card Date Submitted

Ethics

Questions in this section are to determine if there is anything about your organization that may bring negative attention to WSQA or representatives there of. Answering “yes” to any of the following questions requires further explanation; however, this does not imply that the applicant will be automatically disqualified. Provide supporting explanations on a separate page that is included with this Eligibility Determination Form. Fines, law suits, sanctions, adverse actions or any activity related to your organization that may bring negative attention to WSQA should be addressed on the separate page. Activities that would not bring negative attention and is within the norm of activities of a similar type of organization may be addressed with a statement: “Our organization has been involved in the typical types of legal actions associated with a _____ (list the type of organization). Typical examples of these types of activities include: _____ (list the type of activities). There are no current or past actions that have been or are likely to be involved in negative publicity for our organization.” A member of WSQA may contact the applicant for additional information.

Has the applicant been fined during the past five years for violating environmental laws?

Yes No

Have any of the applicant’s senior executives/corporate officers been convicted of a felony during the past three years?

Yes No

Has the applicant been fined for income tax delinquency during the past three years?

Yes No

Is the applicant currently in the process of bankruptcy proceedings?

Yes No

Has your organization been convicted, settled or received sanctions or adverse actions under law (including malpractice, fraud, etc.) regulations, accreditation or contract in the past 3 years?

Yes No

Are you aware of anything about your organization that would bring embarrassment upon the Washington State Quality Award or the Governor if your organization was to be publicly recognized?

Yes No

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Key Organization Factors

List, briefly describe, or identify the following key business/organization factors. Be as specific as possible to help the WSQA Program avoid real or perceived conflicts of interest when assigning Examiners to evaluate your application. "Key" means those organizations that constitute 5 % or more of your competitors, customers/users, or suppliers.

- A. Description of main products and/or services Enter products/services.
- B. List of key competitors Enter key competitors.
- C. List of key customers/users Enter key customers/users
- D. List of key suppliers/partners Enter key suppliers/partners.
- E. Name of organization's financial auditor Enter name of financial auditor organization.

Waiver of right to bring Suit

Washington State Quality Award employs an online software program to improve the productivity of its examiners. This program is provided to Washington State Quality Award by the Alliance for Performance Excellence (the Alliance), a nonprofit organization of state and local quality award programs. The Alliance has licensed this software from its copy write holder, Shaw Resources. The agreement between the Alliance and Shaw Resources requires that applicants to Washington State Quality Award waive their right to bring suit against the Alliance and/or Shaw Resources, their licensees, agents, or assigns and releases the Alliance and/or Shaw Resources, their licensees, agents, or assigns from any claims, action, or losses arising from use of the software in conjunction with evaluating the document submitted by the Applicant. By submitting this Intent to Apply, the applicant waives its right to bring suit as defined above.

Yes No

Disclosure and Release Statement

I attest that the information provided in this Eligibility Determination Form and the Application to be provided is accurate and true to the best of my knowledge. Full disclosure of any circumstances that may negatively affect the Award has been made with the submission of the Eligibility Determination Form. I understand that the Award program may verify this information, and that untruthful or misleading information may result in forfeit of the Award. Furthermore, I certify that our organization is not engaged in any activity past or present that could be deemed embarrassing to the State of Washington, The Honorable Governor of the state of Washington or the WSQA. I understand that I must immediately notify WSQA if our status changes in any of these areas during the next 12 months and that I may be asked to revalidate this disclosure during the 12 months.

I also understand that members of the Washington State Quality Award Board of Examiners will review this application. Examiners are authorized to used cell phones, cordless phones, e-mail and a security enhanced, web-based software program, personal computers and laptops to review and discuss your application among team members, team mentors and with WSQA authorized persons. I agree to host the Examiner team and facilitate open and unbiased evaluation of our organization if we are selected for a Site Visit. I understand that our organization will be responsible for paying all reasonable travel and related expenses for the site evaluation team.

I also understand that with the submission of our application, our organization commits to providing at least one individual from our organization as an Examiner in at least one of the following application cycles: the year prior to our application, this application year or the next application year.

Signature of Highest Level Organization Official

Date

Printed Name

Title

Address

Telephone Number

Send this form and payment to: Washington State Quality Award, P.O. Box 609, Keyport, WA 98345

Form Revision Date 3/4/2010

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