

**2010 Alabama Quality Award  
Pre-Application/Eligibility Determination Form**

***Applicant***

Name \_\_\_\_\_

Address \_\_\_\_\_

Has the applicant officially or legally existed for at least one year?  
(Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No (Briefly explain.)

***Highest-Ranking Official***

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***For-Profit Designation***

Is the applicant a for-profit organization? (Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No

***Size of Applicant***

Total number of employees \_\_\_\_\_

(Give number salaried \_\_\_\_\_ hourly \_\_\_\_\_)

Sales preceding Fiscal Year \$ \_\_\_\_\_

***Industrial Classification***

List most descriptive two-digit SIC Code. \_\_\_\_\_

## ***Award Category***

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Service

\_\_\_\_\_ Small Business

\_\_\_\_\_ Health Care

\_\_\_\_\_ Education

\_\_\_\_\_ Nonprofit

\_\_\_\_\_ Level 1 – Commitment to Excellence – This level is for organizations that have made a serious commitment to use and implement performance excellence concepts and principles.

\_\_\_\_\_ Level 2 – Progress Toward Excellence – This level is for organizations that have demonstrated sustained commitment to and application of performance excellence principles and practices. They have made progress in building sound and notable systematic processes that have improved results in key portions of the organization

\_\_\_\_\_ Level 3 – Alabama Excellence Award – This highest level of recognition is presented to organizations that have demonstrated through their practices and achievements sustained performance excellence.

\_\_\_\_\_ Award of Excellence for Continuous Productivity and Quality Improvement

Note: Detailed explanation of levels may be found on Pages 2 and 3 of the criteria booklet.

## ***Business Factors***

Provide a brief description of the following key business factors:

(1) Nature of the applicant's business (products, services, and technologies); who are your major competitors.

(2) Nature of major markets (local, regional, national, and international); list major customers.

## ***Subunit Designation***

Is applicant a subsidiary, business unit, or division of another Alabama organization?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If answer is yes, give the following information:

(a) Parent Organization

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Highest Official \_\_\_\_\_ Title \_\_\_\_\_

Number of employees of the parent organization \_\_\_\_\_

(b) Does applicant comprise over 25% of the employees of the parent organization?

(Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No

(c) Does the applicant consist of more than 50% of the sales of the parent organization?

(Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No

(d) Has the subunit been in existence for at least three years?

(Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No

(e) Is the applicant's parent organization or another subunit of the parent organization intending to apply?

(Check one.) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

(f) Briefly describe the organizational structure and management links to the parent organization.

(g) Do other units within the parent organization provide similar products or services?

(Check one.) \_\_\_\_\_ Yes (Briefly explain.) \_\_\_\_\_ No

(h) Briefly describe the major business support functions provided to the applicant by the parent organization or by other units of the parent organization.

***Primary Contact Person***

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Overnight Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***Authorizing Official***

\_\_\_\_\_ Date \_\_\_\_\_

Signature

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_

***The Pre-Application/Eligibility Determination Form along with a non-refundable \$100.00 processing fee must be submitted as early as possible, but not later than February 28, 2010 to Linda Vincent, Award Coordinator, Alabama Productivity Center, Box 870318, Tuscaloosa, AL 35487-0318. Checks should be made payable to The Alabama Productivity Center/Capstone Foundation.***

Amount

Enclosed

\_\_\_\_\_

**Charge to my**

VISA     MasterCard     Discover     American Express

Name on card \_\_\_\_\_

Account # \_\_\_\_\_ Security Code \_\_\_\_\_

Exp. Date (mm/yyyy) \_\_\_\_\_

Address of cardholder \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Do Not Write Below This Line***

Note: This form will be returned to you with the eligibility determination indicated below. An approved 2010 Pre-Application Eligibility Determination Form must be submitted as part of the 2010 Alabama Quality Award Application.

\_\_\_\_\_ Manufacturing      \_\_\_\_\_ Service      \_\_\_\_\_ Small Business

\_\_\_\_\_ Health Care      \_\_\_\_\_ Education      \_\_\_\_\_ Nonprofit

\_\_\_\_\_ Level 1      \_\_\_\_\_ Level 2      \_\_\_\_\_ Level 3

\_\_\_\_\_ Award of Excellence for Continuous Productivity and Quality Improvement

Approval Date: \_\_\_\_\_

Signed: \_\_\_\_\_