

**2012 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 iv and vii 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 29, 2012 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 2012 Pre-Application Eligibility Determination Form must be submitted as part of the 2012 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: _____