



Applicant Eligibility Certification Form

1. Applicant Organization

Applicant Address:

Official Name: _____

Other Name: _____

Prior Name (if applicable): _____

2. Application Level and Cycle: (Please check one)

Baldrige Next Level:	Progress Level:	Commitment Level:	Engagement Level:	Pioneer Level:
(former TAPE recipients)	Cycle 2 _____	Cycle 2 _____	Cycle 2 _____	Available at any time
Cycle 1 _____	Cycle 3 _____	Cycle 3 _____	Cycle 3 _____	
Award Level:	Cycle 4 _____	Cycle 4 _____	Cycle 4 _____	
Cycle 1 _____		Cycle 5 _____	Cycle 5 _____	

If Progress Level, do you want to receive a site visit? _____ Yes _____ No

Note: In addition to the application fee – Next Level, Award Level (Cycle 1) and Progress Level site visits (Cycle 3 only) also require examiner expenses to be paid by the applicant. Cycle 1 Award Level applicants are not eligible for the Texas Award for Performance Excellence if they opt out of the site visit.

3. Highest Ranking Official

___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Name: _____

Email Address: _____

Title: _____

Address (If different from Headquarters): _____

Telephone No.: _____

Fax No. _____

4. Eligibility Contact Point

___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Name: _____

Email Address: _____

Title: _____

Address (If different from Headquarters): _____

Telephone No.: _____

Mobile No. _____

Fax No. _____

5. Applicant Status

Has the applicant officially or legally existed for at least one year prior to the Applicant Eligibility Certification package deadline?

___ Yes ___ No



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6. Application History

a. Has your organization previously submitted an eligibility certification Package? Yes _____ No _____

If yes, please list the years and indicate the organization's name, if different. _____

b. Has your organization ever received the Texas Award for Performance Excellence? Yes _____ No _____

If yes, please list the years and indicate the organization's name, if different. _____

7. Sector and For-Profit/Not-For-Profit Designation (must indicate if for profit or non as applicable.)

_____ Business* _____ Non Profit _____ For-Profit
*including Manufacturing, Service, Government, Non Profit and Small Business)

_____ Health Care _____ Non Profit _____ For-Profit

_____ Education: Pre-K - 12 _____ Non Profit _____ For-Profit

_____ Education: Higher Ed. _____ Non Profit _____ For-Profit

8. Criteria Being Used

_____ Business* _____ Education _____ Health Care
*including Manufacturing, Service, Government, Non Profit and Small Business)

9. Size and Location of Applicant

a. Total number of: Employees (business) or Staff(education/healthcare) _____

b. For the preceding fiscal year, the organization had: _____ in:

_____ 0 - \$1M _____ \$1M - \$10M _____ Sales

_____ \$10M - \$100M _____ \$100M - \$500M _____ Budgets

_____ \$500M - \$1B _____ More than \$1B _____ Revenues

c. Number of sites: _____ In Texas _____ Outside Texas

d. Percentage employees: _____ In Texas _____ Outside Texas

e. Percentage physical assets: _____ In Texas _____ Outside Texas

f. If some activities are performed outside the applicant's organization (e.g., by a national or overseas component of the applicant, the parent organization or its other subunits), will the applicant make available in Texas the sufficient personnel, documentation, and facilities to allow full examination of its operational practices for all major functions of its total operations in a site visit? (if selecting a site visit for overseas location, please use the international form and submit a separate application for the overseas location).

_____ Yes _____ No _____ Not Applicable



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g. In the event the applicant receives an Award, can the applicant make available sufficient personnel and documentation to share its practices at the Texas Quest for Excellence Conference and at its Texas facilities?

Yes No

h. Attach a line and box organization chart for the applying organization, including the name of the head of each unit.

10. Subunits (If the applicant is not a subunit, please proceed to question 11.)

a. What is the relationship of the applicant to the larger parent or system? (Check all that apply.)

a subsidiary of a unit of a school of
 a division of owned by a like organization of
 controlled by administered by a campus of

b. Parent Organization:

Highest Ranking Official:

Name:

Name:

Address:

Title:

Number world-wide employees of parent _____

c. Is the applicant the only subunit of the parent intending to apply? (Check one.)

Yes No Do Not Know

d. Briefly describe the major functions provided to the applicant by the parent or by other subunits of the parent. Examples of such functions include but are not limited to strategic planning, business acquisition, research and development, data gathering and analysis, human resources, legal services, finance or accounting, sales/marketing, supply chain management, global expansion, information and knowledge management, education/training programs, information systems and technology services, curriculum and instruction, and academic program coordination/development.

e. Is the applicant self-sufficient enough to respond to all seven Criteria Categories? (Check one.) The subunit must be able to address levels of deployment, integration and learning at the subunit level in each of the categories

Yes No – Briefly explain

f. Briefly describe the organizational structure and relationship to the parent.

g. Is the applicant's product or service unique within the parent organization?

Yes No

If "No," do other units within the parent provide the same products or services to a different customer base?

Yes No

If "No," please provide a brief explanation of how the applicant is distinguishable from the parent and its other subunits (e.g., market/location/name).



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h. *Manufacturing, Service and Small Business Only:* Are more than 50 percent of the applicant's products or services sold or provided to customers outside the applicant's organization? (*Check one.*)

Yes No

i. *Manufacturing, Service and Small Business Only:* Are less than 50 percent of the applicant's products or services sold or provided to the following? (*Both parts must be checked.*)

- the parent organization Yes No

- other organizations controlled by the applicant or parent Yes No

11. Certification Statement, Signature – Highest-Ranking Official

I certify that the answers provided are accurate and that my organization is eligible based on the current requirements for the Quality Texas Performance Excellence Program. I understand that at any time during the assessment process, if the information provided was inaccurate, my organization will no longer be eligible for an award (if applicable) and will receive a feedback report only.

Signature

Printed Name

Date

*Please send your completed package to the CEO Quality Texas Foundation office located at
201 Woodland Park, Georgetown, Texas 78633-2007.*

Eligibility Certification Form – Site Listing & Descriptors*

The following information is needed by the Quality Texas Foundation office to provide the most effective evaluation possible by the Board of Examiners.

1. Site Listing and Descriptors

It is important that the totals for the number of employees, faculty, and staff; percent of sales, revenues, and budgets; and sites on the form match the totals provided in above items. For example, if you report 600 employees in 9.a., the total number of employees provided in the Site Listing and Descriptors form should be 600.

Address of Site(s)	Number Employees, Faculty, and/or Staff as indicated in 9. a.	Number of Shifts	Operating Hours	Percent Sales, Revenue or Budget as indicated in 9. b.	Description of Products, Services, and/or Technologies for each site

This form may continue on as many pages as necessary to cover all sites.

Eligibility Certification Form – Site Listing & Descriptors*

2. Key Organization Factors

List, briefly describe, or identify the following key organization factors. Be as specific as possible to help us avoid real or perceived conflicts of interest when assigning Examiners to evaluate your application. “Key” means those organizations that constitute 5 percent or greater of the applicant’s competitors, customers/users, or suppliers.

A. List of key competitors

B. List of key customers/users

C. List of key suppliers

D. Description of the applicant’s major markets (local, regional, national, and international)

E. Name of the organization’s financial auditor

Organizations must submit an Eligibility Certification Package, including the \$350 nonrefundable fee, each time they plan to participate in an application cycle. The eligibility information is used to re-verify that the applicant is qualified to participate and to plan for Examiner staffing requirements.