

Applicant Eligibility Certification Form (TX, PR, MO, KS, LA, OK)

1. Applicant Organization

Applicant Address:

Official Name: _____

Other Name: _____

Prior Name (if applicable): _____

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

Award Level:

Progress Level:

Commitment Level:

**Engagement and Pioneer
Level:**

Cycle 1

Cycle 2

Cycle 3

Cycle 3

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

Note: In addition to the application fee – Award Level (Cycle 1) and Progress Level site visits (Cycle 2 only), if physical it will require examiner expenses to be paid by the applicant. Cycle 1 Award Level applicants are not eligible for the QTF Regional Award (highest level) if they opt out of the site visit. Please contact the QTF CEO for out of cycle applications.

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

Business*

Not-for-Profit

For-Profit

*including Manufacturing, Service, Government, Not-for-Profit, and Small Business)

Health Care

Not-for-Profit

For-Profit

Education: Pre-K - 12

Not-for-Profit

For-Profit

Education: Higher Ed.

Not-for-Profit

For-Profit

Applicant Eligibility Certification Form (TX, PR, MO, KS, LA, OK)

6. Criteria Being Used

Business*	Education	Health Care
*including Manufacturing Service, Government, Not-for- Profit, and Small Business)		

7. 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 TX/MO/KS/LA _____ Outside TX/MO/KS/LA

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

Yes	No	Not Applicable
-----	----	----------------

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

8. 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.

At the Award Level, I also certify that my organization will send a minimum of five examiners to Internal Coach/Examiner Training that will serve as Examiners on an Award Level Application depending on size. Organizational size <50 employees - 2 Examiners; 51-100 employees - 3 Examiners; 101-150 – 4 Examiners; >150 - 5 Examiners

Signature	Printed Name	Date
-----------	--------------	------

Please send your completed package and nonrefundable \$350 certification fee payable to Quality Texas Foundation to the CEO Quality Texas Foundation office located at 201 Woodland Park, Georgetown, Texas 78633-2007. Contact Lin Wrinkle-McGuire (linwrinkle@quality-texas.org) for credit card or other types of payment.