



FULL APPLICATION - Intent to Apply Form

APPLICATION GUIDELINES

Applications for the Full Award Program are accepted annually.

An Intent to Apply is required, with the requisite fee. All "Intent to Apply" forms must be on-file prior to October 5, to be considered for the current year award cycle. Late Applications (up to October 15) may be accepted only as approved by the Executive Director. Late Applications may carry a late filing fee and accepted only if sufficient Examiners are available.

Mail the completed form to us with the the requisite fee enclosed. (Company checks only please)

Mailing address: 829 Bethel Road, PMB #212, Columbus, Ohio 43214

Questions? Write to us: info@partnershipohio.org or call us at 614-441-8337.

ORGANIZATION INFORMATION

Organization : _____

Website URL: _____

Total Number of Employees: _____ Total Employees in Ohio: _____ Percentage of Assets in Ohio: _____

Organization Sector Type: (circle one) Business | Education | Health Care | Government | Not-for-Profit

Is your Headquarters location in Ohio? (circle one) Yes | No

If not, where is it located? _____

Do you have a Parent Organization? (circle one) Yes | No If Yes, where is it located? _____

Total Number of Employees of Parent: _____ Your organization is what percentage of your Parent's total Sales/Budget: _____

Highest Ranking Official

Last Name _____ First Name _____ Middle Initial _____

Title/Position _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Primary Contact Person (for more information about you)

Last Name _____ First Name _____ Middle Initial _____

Title/Position _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

www.partnershipohio.org | email: info@partnershipohio.org
phone 614-441-8337 | fax 614-515-4771

Address for mail and deliveries only: 829 Bethel Road, PMB #212, Columbus, Ohio 43214

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ORGANIZATION DESCRIPTION

If your organization has more sites than the primary or headquarters location, list each site and indicate:

- (a) Address: street, City, State, Zip code
- (b) Number of employees at that site;
- (c) Percentage of sales or services delivered at that site
- (d) Description of the major products or services delivered at that site.

For example:

- (a) 123 Main Street, Anycity, Ohio, 44000; (b) 12; (c) 23% (d) customer service center
- (a) 567 Maple Street, Anycity, Ohio 44000; (b) 52; (c) 77%; (d) production facility

EXAMINER NOMINEE

Each Applicant can nominate one individual for the Board of Examiners

Last Name _____ First Name _____ Middle Initial _____
Title/Position _____
Address _____ City _____ State __ Zip _____
Phone Number _____ Fax Number _____
Email Address _____

INTENT TO APPLY

By submitting this application, we understand:

1. Members of the Board of Examiners will review this Application and we agree to participate in the evaluation process, to facilitate an open and unbiased examination, and to reimburse any unusual expenses incurred by the site visit team;
2. We are certifying that our organization meets the eligibility requirements of the Ohio Partnership for Excellence program and the sector in which we are applying;
3. As an Award Recipient we are expected to provide examiners for the following year's cycle;
4. As an Award Recipient we will be permitted to use the OPE logo on all written materials using the year of the award as long as we follow the OPE regulations for its use; and
5. We are accepting the obligation to share non-proprietary information about successful quality strategies and performance excellence with other organizations.

FOR INTERNAL USE: CD-07-22-08-1048

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