



# START THE JOURNEY - Advising or Partnering Intent to Apply Form

## START THE JOURNEY GUIDELINES

Applicants are able to apply at any time.

This "Start the Journey - Intent to Apply Form" is required, with the requisite fee.

Mail the completed form 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

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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

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## 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 \_\_\_\_\_

## START THE JOURNEY | Advising & Partnering Fees

Organizations may “Start the Journey” at anytime throughout the year. Complete the “Start the Journey, Intent to Apply Form” and enclose a check payable to the Ohio Partnership for Excellence along with the requisite fee.

| Organization Size                   | Total Advising and Partnering Fee |
|-------------------------------------|-----------------------------------|
| Small (99 employees or less)        | \$1,250                           |
| Medium (100 to 499 employees)       | \$1,750                           |
| Large (500 or more employees)       | \$3,000                           |
| Nonprofit K-12 Education (any size) | \$1,000                           |

Organizations with more mature approaches, deployment and results may want to consider the Examining level or Full Application process. Full Applications are accepted annually. Please contact OPE for additional details.

(for internal use: CD-07-22-08-1041)

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