



Application Form

North Carolina Awards for Excellence Program State Excellence Award Program

Please send NCAfE/TNCPE this Application Form accompanied by one printed copy and one electronic copy of your Organizational Profile and Criteria response, and the appropriate Application Fee. These items should be sent to the NCAfE/TNCPE office and postmarked no later than May 15.

Please type or print.

1. Applicant

Organization name as it will appear on the award

Address

City State Zip

2. Size and Locations

Total # of employees (full-time equivalent) _____

Total # of sites _____

3. Official Contact

Name

Title

Mailing address

Street address (no PO Box)

City County Zip

Telephone

Email

4. Organizational Profile

One printed copy of your Organizational Profile must be submitted with this Application Form. The Organizational Profile must be no longer than five pages and respond to the questions on pages 4-6 of the Criteria. Inclusion of a glossary of terms and abbreviations, as well as an organizational chart, is strongly encouraged. The glossary and organizational chart do not count in the Organizational Profile's five-page limit.

Please note: The number of pages in the Organizational Profile does not count toward the organization's Criteria response that will be submitted with the Application Form.

5. Alternate Official Contact

Name

Telephone

Email

6. Criteria Response

- A. Attach Organizational Profile and Criteria response to Application Form
- B. Check the Criteria you have used to write your response
Business/Nonprofit Health Care Education

7. Application Fee

An Application Fee is required based on workforce size.

Please refer to the fee table to determine your application fee.

8. Release Statement and Signature of Highest Ranking Official

My signature states and attests that: I have reviewed the information provided by the Organizational Profile in this application package. To the best of my knowledge, no untrue statement or omission of a material fact has been made in this application package. Based on the information herein and the current eligibility requirements for the NCAfE Excellence Award, my organization is eligible to apply. I understand if information is found not to support eligibility at any time during the Award Program cycle, my organization will no longer receive consideration for the Award and will only receive a Feedback Report.

Signature



Completing the Application Form

Please type or print.

1. Applicant

Use these fields to provide the official name and address of your organization as it will appear on the award and in publicity material.

2. Size and Locations

Provide the number of full-time equivalent (FTE) employees working at the organization. Indicate the number of sites to be included in the evaluation.

Full-time equivalent employees are defined as those who regularly work 37.5 or more hours a week and are entitled to benefits such as paid vacation, sick leave and insurance coverage. Each instance of job sharing, where multiple individuals fulfill the responsibilities of a single position that requires 37.5 or more hours per week, is counted as one FTE employee.

3. Official Contact

In these fields, provide complete contact information (using a street address for courier deliveries) for the person at the organization who can provide additional information and arrange a site visit.

4. Alternate Official Contact

Please provide contact information for an alternate contact with authority to provide additional information and arrange a site visit in the event the official contact is not available. If the official or alternate contact changes during the course of the application process, please inform NCAfE.

5. Criteria Response

- A. Along with your Organizational Profile, submit the Criteria response based on response requirements and formatting guidelines.
- B. When responding to the Criteria, you may use the Business version of the Baldrige Excellence Framework, the Health Care Framework or the Education Framework. Be sure to indicate which version you used on the application form so examiners can assess your response using the correct Criteria.

If you would like copies of any of the Framework books, go to www.nist.gov/baldrige/publications/baldrige-excellence-framework.

6. Application Fee

Application Fees may be paid by check or credit card. Submit your payment with this Application Form or call NCAfE/TNCPE to pay with a credit card: (800) 453-6474.

7. Organization Description

Provide a brief description of your organization. This description will be used in conjunction with the award presentation and for publicity purposes.

8. Release Statement and Signature of Highest Ranking Official

The applicant's highest-ranking official must sign in the space provided, indicating agreement to the terms and conditions stated in the Release Statement. His or her signature attests that no untrue statement of a material fact is contained in the application package and no omission of a material fact that is legally disclosable and affects organizational ethical and legal practices has been made.

Your application packet should include:

- One printed copy of the Application Form
- One printed copy of your Organizational Profile and Criteria response
- One electronic copy of your Organizational Profile and Criteria response saved in a PDF file (please do not send a PDF of a scanned document)
- Application Fee

Mail these items to NCAfE c/o Tennessee Center for Performance Excellence postmarked by May 15 Electronic materials should be emailed to contact@TNCPE.org.

NCAfE c/o Tennessee Center for
Performance Excellence
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(800) 453-6474

