

APPLICATION FORM

Georgia Oglethorpe Award Process, Inc.

See instructions which follow...
Please print or type except where
signature is required.

Submission Deadlines: Step 3- December 31, 2009 • Step 2- February 26, 2010 • Step 1- March 15, 2010

1. APPLICATION ORGANIZATION

APPLICANT ORGANIZATION NAME _____
STREET ADDRESS _____
CITY _____ COUNTY _____ ZIP CODE _____

2. SIZE OF APPLICANT ORGANIZATION

Total number of sites _____	Total number of employees _____
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3. FEEDBACK/RECOGNITION OPTION PREFERRED

Georgia Focus Recognition- Step 1 Georgia Progress Award- Step 2 Georgia Oglethorpe Award- Step 3

4. CATEGORY AND SIZE DESIGNATION

<input type="checkbox"/> Business	<input type="checkbox"/> Industry	<input type="checkbox"/> Government	<input type="checkbox"/> SMALL (up to 500 employees)
<input type="checkbox"/> Education	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> MEDIUM (from 501 up to 1000 employees)
<input type="checkbox"/> Sub Unit			<input type="checkbox"/> LARGE (more than 1000 employees)
			<input type="checkbox"/> NON-AWARD/RECOGNITION SEEKING (no Site Visit)

5. ORGANIZATION UNIT DESIGNATION

Is applicant a unit, division, or like organization of a parent organization?

No (go to Item 6) Yes (continue)

STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
NAME OF PARENT ORGANIZATION'S HIGHEST RANKING OFFICIAL _____
PARENT ORGANIZATION NAME _____ TITLE _____

6. OFFICIAL CONTACT

NAME OF OFFICIAL CONTACT _____ CITY _____ COUNTY _____ ZIP CODE _____
TITLE _____ TELEPHONE NUMBER _____
STREET ADDRESS _____ E-MAIL _____

7. HIGHEST RANKING OFFICIAL

NAME OF APPLICANT ORGANIZATION'S HIGHEST RANKING OFFICIAL _____ CITY _____ COUNTY _____ ZIP CODE _____
TITLE _____ TELEPHONE NUMBER _____
STREET ADDRESS _____ E-MAIL _____

8. ORGANIZATIONAL PROFILE

An Organizational Profile must be submitted along with this form as a separate document. Please refer to the instructions which follow to locate the content required for this profile.

9. FEE AND MAILING ADDRESS

Refer to the instructions accompanying this form, which follow for payment options, mailing address, and where to locate applicable fee amounts.

10. STATEMENT OF AUTHORIZATION

We understand that people knowledgeable of the Criteria for Performance Excellence and certified by Georgia Oglethorpe Award Process, Inc. will review this Application Form and Application Package. If eligible and selected for a Site Visit, we agree to host the Site Visit Team so they can verify and clarify the information we provided in our Application Package. We will also pay related Site Visit fees and the Examination Team's travel and expenses. Additionally, we agree to public recognition as appropriate.

X _____
HIGHEST RANKING OFFICIAL'S SIGNATURE
NAME (PLEASE PRINT) _____
TITLE _____ DATE _____

11. SELF-ASSESSMENT OR CRITERIA RESPONSE

An Application Package (Self-Assessment or Criteria Response) must be submitted along with this form. Please see next page for instructions.

12. SITE LISTINGS AND DESCRIPTORS

A completed Site Listings and Descriptors Form which is available on our website must be submitted as part of the Application Package.

13. PLEASE INCLUDE ALL ITEMS LISTED AND BIND TOGETHER THOSE HIGHLIGHTED IN RED BELOW:

- | | |
|--|---|
| <input type="checkbox"/> APPLICATION FORM
<i>This form completed and signed</i> | <input type="checkbox"/> SITE LISTINGS
<i>Completed form</i> |
| <input type="checkbox"/> ORGANIZATIONAL PROFILE
<i>Organization Profile and 1-page Organizational Chart</i> | <input type="checkbox"/> APPLICATION FEE
<i>Check/Charge</i> |
| <input type="checkbox"/> SELF-ASSESSMENT or CRITERIA RESPONSE
<i>Page number allowed varies</i> | |

CREDIT CARD PAYMENT INFORMATION

VISA MasterCard Amount: \$ _____
Expiration Date: _____
Acct. #: _____
Name on Acct.: _____
Authorized Signature: _____

Instructions for Completion of **APPLICATION FORM**

1. APPLICANT ORGANIZATION

Provide the official name and all information requested for the organization applying to Georgia Oglethorpe Award Process, Inc.

2. SIZE OF APPLICANT ORGANIZATION

Give the number of sites and employees of the applicant organization as of the date of application.

3. FEEDBACK/RECOGNITION OPTION PREFERRED

Check the appropriate box for which of the feedback and recognition options the applicant organization is applying.

4. ELIGIBILITY CATEGORY AND SIZE DESIGNATION

Check the appropriate boxes that best describe the applicant organization (see How to Apply booklet available on our website).

If non-Award seeking, please check appropriate box.

This feedback will be based only on a written application.

5. ORGANIZATION UNIT DESIGNATION

If yes, provide the name and all information requested for the parent organization and the name of the highest ranking official of the parent organization.

6. OFFICIAL CONTACT

Provide the requested information for the applicant organization's official with the authority to provide additional information and to arrange for a Site Visit.

7. ORGANIZATIONAL PROFILE

Prepare as a separate document [up to FIVE (5) PAGES plus a one (1) page organizational chart] a general overview of the applicant organization.

The content required for the Organizational Profile can be found respectively:

- ❖ **Georgia Focus Recognition** - in the front pages of the Georgia Focus Recognition Self-Assessment Tool (Step 1), and available for download on our website.
- ❖ **Georgia Progress Award** - in the front section of the Georgia Progress Award (Step 2) Criteria, and available for download on our website.
- ❖ **Georgia Oglethorpe Award** - in the pages just before the Criteria for Performance Excellence, located in the booklet Georgia Oglethorpe Award (Step 3) Criteria for Performance Excellence.

The Organizational Profile provides the Examination Team with the basic information needed to complete an assessment and aids them in understanding what is relevant and important to the applicant organization's business. It is a vital part of the overall application and is used in all stages of the application review.

8. HIGHEST RANKING OFFICIAL

Provide the name and all information requested for the applicant organization's highest-ranking official (General, Chairman of the Board, Chief Executive Officer, Garrison Commander, President, Owner, General Manager, Superintendent, Plant Manager, Division Manager, etc.).

9. FEE AND MAILING ADDRESS

All applicant organizations are required to pay certain fees determined according to the schedule described in the How to Apply booklet available on our website.

A check, made payable to Georgia Oglethorpe Award Process, Inc., should be submitted or you may charge your fee to your Visa or MasterCard by providing:

- Method of payment- Visa or MasterCard.
- The total amount to be charged.
- Your card number and expiration date.
- Cardholder name.

- Authorized signature for permission to be charged.

Include payment along with the completed Application Package to address below.

10. STATEMENT OF AUTHORIZATION

The signature of the applicant organization's highest ranking official is required. This indicates that the applicant organization will comply with the terms and conditions stated.

11. CHECKLIST

The preparer of the Application Form should review this checklist to ensure that all required items are included in the mailing package.

NOTE

Please reference the How to Apply booklet available on our website for details on submitting an Application Package.

The booklet covers such information as fees, required font size and much more.

The Application Package may be duplicated in single or double-sided page.

If you have any questions related to this Eligibility/Intent to Apply Form or Georgia Oglethorpe, please contact the office -

Georgia Oglethorpe Award Process, Inc.
148 Andrew Young International Blvd., NE, Suite 225
Atlanta, GA 30303-1751

VM: 404-232-3808 • EM: office@georgiaoglethorpe.org
www.georgiaoglethorpe.org

Georgia Oglethorpe Award Process, Inc. welcomes your comments on any part of the assessment, feedback, and recognition process.