

ELIGIBILITY/INTENT TO APPLY FORM

Georgia Oglethorpe Award Process, Inc.

2009 Deadline for 2010 Submissions: Step 3 - October 30 • Step 1 & 2 - December 31

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

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 _____

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

- Business Industry Government SMALL (up to 500 employees)
 Education Healthcare Nonprofit MEDIUM (from 501 up to 1000 employees)
 Sub Unit LARGE (more than 1000 employees)
 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

Fee: A non-refundable \$200.00 fee payable by check, Visa or MasterCard is
required to cover initial processing and eligibility determination.

Mailing Address: Completed Eligibility/Intent to Apply Form,
accompanying documents and payment should be sent to:

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

CREDIT CARD PAYMENT INFORMATION

VISA MasterCard Amount: \$200.00

Expiration Date: _____

Acct. #: _____

Name on Acct.: _____

Authorized Signature: _____

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 Eligibility/Intent to Apply Form and our subsequent 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. PLEASE INCLUDE ALL ITEMS LISTED AND BIND TOGETHER

THOSE HIGHLIGHTED IN RED BELOW:

- ELIGIBILITY/INTENT TO APPLY FORM**
This form, completed and signed
- ORGANIZATIONAL PROFILE**
Organizational Profile & 1-page Organizational Chart
- PROCESSING FEE**
Check/Charge (circle one)

Instructions for Completion of **ELIGIBILITY/INTENT TO APPLY 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 option 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 perform 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**

The applicant organization is required to pay a non-refundable fee of **\$200.00** to cover the costs associated with initial processing and eligibility determination. A check in this amount, 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 *Eligibility/Intent to Apply Form* and send accompanying documents 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 in this booklet.

11. **CHECKLIST**

The preparer of the *Eligibility/Intent to Apply Form* should review this checklist to ensure that all required items are included in the mailing package.

*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.