**Wisconsin Forward Award**

**Intent-to-Apply**

**Instructions and FormsInstructions for Completing the  
 WFA Intent-to-Apply Form**

1. **Applicant Organization:** Provide the official name, business address, and all other information requested for the organization applying for the Wisconsin Forward Award.
2. **Size of Organization:** Give the number of sites and the number of full-time equivalent employees of the applicant organization as of the date you submit the form. This refers to sites and employees within Wisconsin. A site is considered a single site if the organization has offices or other works areas located near each other and if the organization considers them one location for business and personnel purposes.
3. **Organization Type:** Check the type of organization as applicable and whether the organization is applying as a government agency or 501c(3) charitable organization. Indicate also which version of the WFA/Baldrige Excellence Framework you are using to complete your application.
4. **Highest Responsible Official:** Provide the name and all contact information requested for the highest responsible official of the applicant organization (Owner, Chair of the Board, President, CEO, Plant Manager, etc.). This is the person in Wisconsin with authority to commit your organization to the requirements of the Forward Award process.
5. **Official Organizational Contact:** Provide the name and all other information requested for the applicant organization official who will serve as the primary contact throughout the evaluation process. Please designate a person who is knowledgeable about your organization and your application who will be able to provide additional information, answer inquiries, and work with the WFA office and Examiner Team Leader to make site visit arrangements.
6. **Applicant Description:  
   Intent-to-Apply Supplementary Forms:** All applicants must complete and include **Form A: Business Factors** as a separate attachment. If you indicated in Section 2 that you have more than one site in Wisconsin, complete and attach **Form B: Site Listings**. If your organization is a subunit under a parent organization, complete and attach **Form C: Subunit Designation**. See the individual supplementary forms for more detailed information.

**Organizational Chart:** Include as a separate attachment a line and box organizational chart or charts for your organization. If your organization is a subunit of a larger organization, also attach a line and box organizational chart showing your organization’s relationship to the highest management level of the parent organization, including intervening levels. (See Form C for more details.)

1. **Participation in the Board of Examiners:** One of the best ways to gain knowledge of the Excellence Framework is to serve as an Examiner and see how the Framework have been applied to other, diverse organizations. Past applicant organizations have benefited from the perspective of a Baldrige-based Examiner, and WFA wants to make it as easy as possible to grant this benefit to applicants.

Indicate whether you’d like us to train one employee as an Examiner; we will follow up with this individual with information about training, review cycle dates, and give him or her Examiner application. We are happy to provide training free of charge to one employee of each applicant organization, but if your Examiner is unable to fulfill all requirements of the review schedule, we will invoice you $475, the value of Examiner training.

1. **Assurances and Authorization:** The signature of your organization’s highest responsible official in Wisconsin or designee is required. This indicates that your organization is a good citizen and will comply with the terms and conditions associated with being a Forward Award participant and award recipient.

**Mailing Checklist:** The preparer of the Intent-to-Apply packet should review this checklist to ensure that all required items are included in the mailing package. Form B and/or Form C may not be applicable to your organization and therefore not included. A cover letter on organizational letterhead should accompany the Intent-to-Apply Packet.

**Important Information**

A non-refundable $300.00 fee is required. Checks should be made payable to the Wisconsin Center for Performance Excellence. You may send payment to info@wisquality.org at PayPal.com if you prefer to pay via credit card**.**

Mail the Intent-to-Apply Packet and your check to:

**Wisconsin Forward Award, Inc.**

**c/o Wisconsin Center for Performance Excellence**

**2909 Landmark Place**

**Madison, WI 53713**

**Intent-to-Apply Form**

**1. APPLICANT ORGANIZATION**

Applicant Organization Official Name

Other or Previous Applicant Organization Name

Applicant Organization Headquarters Street Address

City County ZIP Code

**2. SIZE OF ORGANIZATION**

**2. SIZE OF ORGANIZATION**

Total number of Total FTEs

sites in Wisconsin  in Wisconsin

**3. ORGANIZATION TYPE**

**3. ORGANIZATION TYPE**

Manufacturing

Health Care   Check here if applying as a

Government  government agency or a

Service  501c(3) charitable organization

Education

Other (Specify)

We will use the following WFA/Baldrige Framework for our application:

Business/Nonprofit  Education  Health Care

**. HIGHEST RESPONSIBLE OFFICIAL**

**4. HIGHEST RANKING RESPONSIBLE OFFICIAL**

Name of Organization’s Highest Responsible Official (WI)

Title

Street Address

City County ZIP Code

Telephone Number Fax Number

Email address

**5. OFFICIAL ORGANIZATIONAL CONTACT**

**5. OFFICIAL ORGANIZATIONAL CONTACT**

Name of Official Contact

Title

Street Address

City County ZIP Code

Telephone Number Fax Number

Email address

**This is fun**

**6. EVALUATION TYPE**

Narrative-Based (50-page) Evaluation

Baldrige Express Survey Evaluation

**7. ASSURANCES AND AUTHORIZATION**

**7. PARTICIPATION ON THE BOARD OF EXAMINERS**

Our organization wishes to send one employee to WFA Examiner training free of charge. We understand that if the Examiner attends training but is unable to complete the entire training and review cycle, our organization will be invoiced for $475, the value of Examiner training.

Name of Examiner

Title

Day Phone E-mail

We prefer not to participate on the Board of Examiners this calendar year.

**8. ASSURANCES AND AUTHORIZATION**

***On Citizenship:*** We certify that our organization is a good community citizen, and that there are no current allegations, investigations, or violations of laws/regulations related to civil rights, health, safety, finances, tax status, environment, labor relations or similar issues that could be embarrassing to Wisconsin Forward Award, Inc. or the WFA program. We agree to disclose any such issues to Wisconsin Forward Award, Inc., and we understand that we may be asked to re-validate this certification before award levels are assigned.

***On Forward Award Application and Applicant Responsibility:***

We understand this Intent-to-Apply form and subsequent application to Wisconsin Forward Award, Inc. will be reviewed by members of the WFA Board of Examiners. We further understand that all reviewers are required to follow the Forward Award Code of Ethics and Standards of Conduct to ensure confidentiality and avoid possible conflict of interest. If our organization is a Governor’s Forward Award of Excellence recipient, we will provide an Examiner for the next award cycle, attend the WFA annual recognition event, and participate in at least one Wisconsin Forward Award-sponsored learning event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature – Highest Responsible Official

Name (please type or print)

Date

**FOR OFFICIAL USE ONLY**

This confirms that the applicant organization on this Intent-to-Apply Form is eligible to apply for the Wisconsin Forward Award.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# WFA, Inc. Authorized Signature Date

Confirmation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intent-to-Apply Form A: Business Factors**

*This information is used by WFA to screen and assign Examiner teams to avoid conflict of interest in application reviews.*

**Instructions:**

A. Business/Organization Description

Provide a brief description of the nature of your business or organization (products, services, programs or technologies). **You must conclude with a list of key competitors or indicate if no direct competitors exist.**

B. Markets & Customers

Provide a brief description of the nature of major markets (local, regional, national, international). **You must conclude with a list of key customers.**

C. Suppliers, Dealers & Distributors

Provide a brief description of the importance of suppliers, dealers, distributors and franchises or partners. **You must conclude with a list of key suppliers/partners and the type of product or service provided.**

| A. BUSINESS/ORGANIZATION DESCRIPTION |
| --- |
|  |

| B. MARKETS AND CUSTOMERS |
| --- |
|  |

| C. SUPPLIERS, DEALERS AND DISTRIBUTORS |
| --- |
|  |

**Intent-to-Apply Form B: Site Listing and Description**

**Instructions:**

A. Address of Site

Provide the complete street address and city of each site operating in Wisconsin, in addition to the Wisconsin headquarters identified on the Intent-to-Apply Form. (Only Wisconsin sites will be included in site visits.)

B. Relative Size

Provide the percentage of your organization’s employees at each site as of the date you submit this form. Provide the percentage of the total Wisconsin operating budget at each site.

C. Description of Services, Products, Programs, and/or Deliverables

Describe the key types of services, products, programs and/or other deliverables that are the output of the site. It may be necessary to state the relationship between the output of the site and your organization’s overall services, products, programs, and/or other deliverables. It is not necessary to list every service, product, program, and/or other deliverable.

| A. ADDRESS OF SITE | B. RELATIVE SIZE | | C. DESCRIPTION OF SERVICES |
| --- | --- | --- | --- |
| No. of Total Employees, Faculty or Staff | % of Total Operating Budget | Services, Products, Program and/or Other Deliverables |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Intent-to-Apply Form C: Subunit Designation**

Complete only if the applicant organization is a unit or division of a larger (or parent) company.

1. Is the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a larger parent or system? (Check all that apply.)

a subsidiary of

a division of

controlled by

a unit of

a like organization of

administered by

a school of

owned by

1. Parent Organization

Name:

Address Line 1:

Address Line 2:

Highest Ranking Official

Name:

Title:

Number of worldwide employees of the parent:

1. Is the applicant the only subunit of the parent organization intending to apply?

Yes  No  Do not know

1. Briefly describe the major functions provided to the applicant by the parent or by other subunits of the parent. Examples of such functions include but are not limited to strategic planning, business acquisition, research and development, data gathering and analysis, human resources, legal services, finance or accounting, sales/marketing, supply chain management, global expansion, information and knowledge management, education/training programs, information systems and technology services, curriculum and instruction, and academic program coordination/development.

1. Is the applicant self-sufficient enough to respond to all seven Baldrige Excellence Framework Categories?

Yes  No

If no, briefly explain:

1. Briefly describe the organization structure and relationship to the parent.