

ELIGIBILITY AND INTENT TO APPLY PACKAGE

STEP 1.1 - INTENT TO APPLY INSTRUCTIONS AND FORMS

GENERAL INSTRUCTIONS

Before an Application for Awards can be considered, an “Intent to Apply” package must be received by **April 2nd, 2021**. The forms may be downloaded from the IMEC Recognition Program website (www.imec.org/excellence) or may be duplicated and submitted as single-sided pages.

INTENT TO APPLY CHECKLIST:

The following items need to be included in your “Intent to Apply” packet:

- ✓ Completed Intent to Apply Form (below)

INTENT TO APPLY FORM

<p>Item 1. - Applicant – Provide the official name and mailing address of the organization applying for the Award.</p>	<p>1. Applicant Organization Name _____ Address _____ Federal Employer Identification No. (FEIN) _____</p>
<p>Item 2. - Official Contact – Give the name, address, and telephone number of the official with authority to provide additional information or to arrange a site visit. If this official contact point changes during the course of the application process, please inform the Award Office. Please provide a contact number for this designee during the months of MARCH 2021 – JANUARY 2022.</p>	<p>2. Official Inquiry Point Name _____ Title _____ Mailing Address _____ Overnight Mailing Address _____ Telephone No. _____ Fax No. _____</p>
<p>Item 3 – Criteria Information – Indicate which criteria you will be using to complete the application.</p>	<p>3. Check the Criteria booklet you are using (check one): <input type="checkbox"/> Business/Government/Non-Profit <input type="checkbox"/> Education <input type="checkbox"/> Health Care</p>
<p>Item 4. - Award Category – Select the appropriate award category based on the Applicant’s size and the sector in which it operates.</p>	<p>4. a. Award Category (check one): <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Health Care <input type="checkbox"/> Education <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government</p>

<p><i>If the Applicant is an educational institution, also indicate the category that best describes the institution.</i></p>	<p>b. For Educational Institutions only, Type of Applicant</p> <p> <input type="checkbox"/> K-12 School District <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> Middle School/Jr. High <input type="checkbox"/> Private K-12 <input type="checkbox"/> University <input type="checkbox"/> Community College <input type="checkbox"/> Technical School <input type="checkbox"/> Pre-School <input type="checkbox"/> Independent College <input type="checkbox"/> College/School in a University </p>
<p>Item 5. - Highest Ranking Official – Provide the name, title, mailing address, and telephone and fax numbers of the Applicant's highest ranking official.</p>	<p>5. Highest Ranking Official</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Telephone No. _____ Fax No. _____</p>
<p>Item 6. - Size of Applicant – Give the estimated number of employees (and students, if applicable) of the applying unit as of the date the application is submitted.</p> <p><i>Check the appropriate sales/taxes/budget range for the preceding fiscal year. (The Applicant is reminded that all information is confidential and a range is requested simply to provide an appropriate perspective for the examiners.)</i></p>	<p>6. Size of Applicant</p> <p>a. Total number of employees _____ No. of students _____</p> <p>b. Revenues (e.g., sales, taxes and/or fees collected, budget) for the preceding fiscal year (check one)</p> <p> <input type="checkbox"/> 0- \$10M <input type="checkbox"/> \$11M - \$100M <input type="checkbox"/> \$101M- \$1B <input type="checkbox"/> \$1M- \$10M <input type="checkbox"/> \$100M- \$500M <input type="checkbox"/> Over \$1B </p>
<p>Item 7. - Subunit Designation – If the applying organization is a component of a larger organization, information about the parent organization and its highest official must be supplied.</p>	<p>7. Subunit Designation (check one):</p> <p>Is Applicant a unit, division, or like component of the parent organization?</p> <p> <input type="checkbox"/> No (go to Item 8) <input type="checkbox"/> Yes (Continue) </p> <p>Parent Organization _____</p> <p>Address _____</p> <p>Highest Official of Parent Organization _____</p> <p>Title _____</p> <p>Telephone No. _____ Fax No. _____</p> <p>Number of Employees _____ Website address _____</p>

<p><i>Also provide the number of employees in the parent organization and the percentage of business transactions (e.g., sales, budget, and employees) or, for educational institutions, the number of students, as compared to the parent organization.</i></p>	<p>Percent of Business Transactions (or, for educational institutions, the number of students) as compared to Parent Organization Transactions (or the number of students)</p>
<p><i>Provide documentation detailing the parent's relationship to the subunit.</i></p>	<p>Describe the parent's relationship to the subunit. <i>Use separate sheets, if necessary.</i></p>
<p>Item 8. - Description of Applicant's Business – Describe the types of products and services provided by the Applicant, an organizational chart, and an Applicant Profile. Requirements for the Profile are described on page 13.</p>	<p>8. Description of Applicant's Business (Use separate sheets, if necessary.)</p>
<p>Item 9. - Non-Refundable Fee – See the fee schedule on page 8.</p>	<p>9. Fee (see instructions) Our payment of \$ _____ has been submitted to IMEC</p>
<p>Item 10. - Release Statement – Please read this section carefully. A signed application indicates that the Applicant agrees to the stated terms and conditions.</p>	<p>10. Release Statement We understand that members of the Board of Examiners will review this application. If a Site Visit is required, we agree to host the Site Visit and to facilitate an open and unbiased evaluation. We understand that Site Visit expenses will be due one week after the site visit ends in accordance with the <i>Site Visit Expenses</i> section on page 8.</p>

<p><i>Item 11. - Authorizing Official – The signature of the Applicant's highest ranking management official or designee is required, and indicates the Applicant will comply with the terms and conditions stated in the document.</i></p>	<p>11. Signature of Authorizing Official</p> <p>Date _____</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Telephone No. _____ Fax No. _____</p> <p>Signature _____</p>
<p><i>Item 12. – Site Visit – Please select two weeks for potential site visit .</i></p>	<p>12. Site Visit Selection – select by week</p> <p>1st Choice:</p> <p><input type="checkbox"/> August 15</p> <p><input type="checkbox"/> August 22</p> <p><input type="checkbox"/> August 29</p> <p>2nd Choice:</p> <p><input type="checkbox"/> August 15</p> <p><input type="checkbox"/> August 22</p> <p><input type="checkbox"/> August 29</p>
<p>Please make sure that all top executives will be available during the week of the site visit</p>	
<p>Item 13. - Eligibility Determination – The Award Office approves or disapproves eligibility and notifies the applicant by phone and by letter.</p>	<p>13. Eligibility Determination. For official use only.</p>