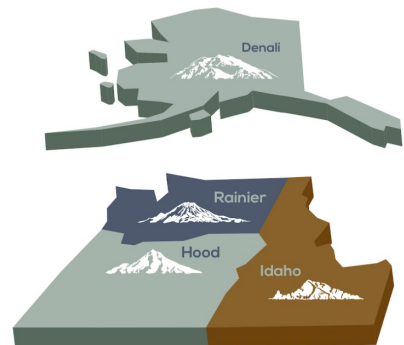


Performance Excellence

Northwest

Eligibility Certification Forms



If you have any questions regarding these forms, please contact the PENW Office
askus@performanceexcellencenw.org or call 503-964-5244

1. Your Organization

Official name

Other name

Prior name

(if changed within the past 5 years)

Headquarters address

2. Highest-Ranking Official

Mr. Mrs. Ms. Dr.

Name

Title

Email

Phone

Address

Same as above

3. Eligibility Contact Point

Designate a person who can answer inquiries about your organization. Questions from your organization and requests from the PENW will be limited to this person and the alternate identified below.

Mr. Mrs. Ms. Dr.

Name

Job title

Email

Telephone

(office and cell, if possible)

Address

Same as above

Overnight mailing address

Same as above *(Do not use a P.O. box number.)*

4. Alternate Eligibility Contact Point

Mr. Mrs. Ms. Dr.

Name

Email

Job Title

Telephone

5. Application History

a. Has your organization previously submitted an eligibility certification package?

Yes. *Indicate the year(s). Also indicate the organization's name at that time, if different.*

Year(s)

Name(s)

No

Don't know

b. Has your organization ever received the highest from PENW? (Level 4 - Mt. Denali Excellence Award)

Yes. *List the year received:*

No. *(if No, you are eligible to apply.)*

c. Has your organization participated in another regional/state/local or sector-specific Baldrige-based award process?

Yes. Years:

No

6. Eligibility Determination

a. Is your organization a distinct organization or business unit headquartered in Alaska, Idaho, Oregon or Washington?

Yes No. *Briefly explain.*

- b. Has your organization officially or legally existed for at least one year?
- Yes No
- c. Can your organization respond to all seven Baldrige Criteria categories? Specifically, does your organization have processes and related results for its unique operations, products, and/or services? For example, does it have an independent leadership system to set and deploy its vision, values, strategy, and action plans? Does it have approaches for engaging customers and the workforce, as well as for tracking and using data on the effectiveness of these approaches?
- Yes No
- d. If some of your organization's activities are performed outside the United States or its territories and your organization receives a site visit, will you make available sufficient personnel, documentation, and facilities in the United States or its territories to allow a full examination of your worldwide organization?
- Yes No Not applicable
- e. If your organization receives an award, can it make sufficient personnel and documentation available to share its practices at the PENW Annual Learning Symposium and at your organization's U.S. facilities?
- Yes No

If you checked "No" for 6a, 6b, 6c, 6d, or 6e, call PENW at 503-964-5244 to discuss your response.

Questions for Subunits Only

- f. If your organization is a subunit in education or health care, does your subunit provide direct teaching and instructional service to students or direct health care services to people?
- Yes. ***Then proceed to item 6k.***
- No. *Continue with 6g.*
- g. Does your subunit function independently and as a discrete entity, with substantial authority to make key administrative and operational decisions? (It may receive policy direction and oversight from the parent organization.)
- Yes. *Continue with 6h.*
- No. *Your subunit probably is not eligible to apply for the award. Call PENW at 503-964-5244 to discuss your response.*
- h. Does your subunit have a clear definition of "organization" reflected in its literature? Does it function as a business or operational entity, not as activities assembled to write an award application?
- Yes. *Continue with 6i.*
- No. *Your subunit probably is not eligible to apply for the award. Call PENW at 503-964-5244 to discuss your response.*
- i. Is your subunit in manufacturing or service?
- Yes. *Does it have 500 or fewer employees? Is it separately incorporated and distinct from the parent organization's other subunits? Or was it independent before being acquired by the parent, and does it continue to operate independently under its own identity?*

- Yes. *Your subunit is eligible in the small business category. Attach relevant portions of a supporting official document (e.g., articles of incorporation) to this form.*

If your subunit has 500 or less employees, you may apply under Manufacturing or Service if it is more appropriate than Small Business. **Proceed to item 6k.*

- No. *Continue with 6j.*

j. Is your subunit self-sufficient enough to be examined in all seven categories of the Criteria?

- Does it have its own senior leaders?
- Does it plan and implement its own strategy?
- Does it serve identifiable customers either inside or outside the organization?
- Is it responsible for measuring its performance and managing knowledge and information?
- Does it manage its own workforce?
- Does it manage its own work processes and other aspects of its operations?
- Can it report results related to these areas?

- Yes. *Proceed to 6k (table below).*

- No. *Your organization probably is not eligible to apply for the award. Call PENW at 503-964-5244 to discuss your response.*

k. Does your organization meet one of the following conditions?

1. My organization has won the PENW Award (prior to 2016).	<input type="checkbox"/> Yes	Your organization is eligible.	No	Continue with statement 2.
2. Between 2016 and 2020, my organization applied for the highest PENW Award, and the total of the process and results band numbers assigned in the feedback report was 8 or higher.	<input type="checkbox"/> Yes	Your organization is eligible. Year: Total of band scores:	No	Continue with statement 3.
3. Between 2016 and 2020, my organization applied for the highest PENW Award and received a site visit.	<input type="checkbox"/> Yes	Your organization is eligible. Year of site visit:	No	Continue with statement 4.
4. Between 2015 and 2020, my organization received the top award from an award program that is a member of the Alliance for Performance Excellence.	<input type="checkbox"/> Yes	Your organization is eligible. Award program: Year of top award:	No	Continue with statement 5.
5. More than 25% of my organization's workforce is located outside the org's home region (AK, ID, OR, WA).	<input type="checkbox"/> Yes	Your organization is eligible.	No	Continue with statement 6.

<p>6. There is no other Alliance for PE Excellence award program available for my organization.</p>	<input type="checkbox"/> Yes	<p>Your organization is eligible.</p>	<p>No</p>	<p>Continue with statement 7.</p>
<p>7. Between 2017 and 2020, my organization applied for the national Baldrige Award through the alternate method (option 8 below) and the total of the process and results bands assigned in the feedback report was 6 or higher.</p>	<input type="checkbox"/> Yes	<p>Your organization is eligible. Year:</p>	<p>No, my organization did not apply using this method.</p> <p><input type="checkbox"/> My organization applied using this method, but did NOT receive a total of 6 or higher.</p>	<p>Continue with statement 8.</p> <p>Your organization is not eligible. Call PENW at 503-964-5244 to discuss your response.</p>

7. Award Category

a. Award category (*Check one.*)

Your education or health care organization may use the Business/Nonprofit Criteria and apply in the service, small business, or nonprofit category. However, you probably will find the sector-specific (Education or Health Care) Criteria more appropriate.

For-Profit	Nonprofit
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Service	<input type="checkbox"/> Education
<input type="checkbox"/> Small business (≤ 500 employees)	<input type="checkbox"/> Health care
<input type="checkbox"/> Education	
<input type="checkbox"/> Health care	

- b. Industrial classifications. In table below, list up to three of the most descriptive NAICS codes for your organization (see NAICS list included at the end of this document). *These are used to identify your organizational functions and to assign applications to examiners.*

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8. Organizational Structure

- a. For the preceding fiscal year, the organization had in ↓
- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> up to \$1 million | <input type="checkbox"/> \$1.1 million–\$10 million | <input type="checkbox"/> sales |
| <input type="checkbox"/> \$10.1 million–\$100 million | <input type="checkbox"/> \$100.1 million –\$500 million | <input type="checkbox"/> revenue |
| <input type="checkbox"/> \$500.1 million–\$1 billion | <input type="checkbox"/> more than \$1 billion | <input type="checkbox"/> budget |
- b. Attach a line-and-box organization chart that includes divisions or unit levels. In each box, include the name of the unit or division and the name of its leader. Do not use shading or color in the boxes.
- The chart is attached.
- c. The organization is _____ a larger parent or system. *(Check all that apply.)*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> not a subunit of <i>(See item 6 above.)</i> | <input type="checkbox"/> a subsidiary of | <input type="checkbox"/> controlled by | <input type="checkbox"/> administered by |
| <input type="checkbox"/> owned by | <input type="checkbox"/> a division of | <input type="checkbox"/> a unit of | <input type="checkbox"/> a school of |
| <input type="checkbox"/> other _____ | | | |

Parent organization		Address	
Total number of paid employees*		Job title	
Highest-ranking official			
Telephone			

Paid employees include permanent, part-time, temporary, and telecommuting employees, as well as contract employees **supervised by the organization. Include employees of subunits but not of joint ventures.*

Attach a line-and-box organization chart(s) showing your organization’s relationship to the parent’s highest management level, including all intervening levels. In each box, include the name of the unit or division and its leader. Do not use shading or color in the boxes.

- The chart is attached.

- d. Considering the organization chart, briefly describe below how your organization relates to the parent and its other subunits in terms of products, services, and management structure.

- e. Provide the title and date of an official document (e.g., an annual report, organizational literature, a press release) that clearly defines your organization as a discrete entity.

Title Date

Attach a copy of relevant portions of the document. If you name a website as documentation, print and attach the relevant pages, providing the name only (not the URL) of the website.

Relevant portions of the document are attached.

f. Briefly describe the major functions your parent or its other subunits provide to your organization, if appropriate. *Examples are strategic planning, business acquisition, research and development, facilities management, data gathering and analysis, human resource services, 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.*

9. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information requested here. You may group sites by function or location (city, state), as appropriate. Please include the total for **each column** (sites, employees/faculty/staff, volunteers, and products/services). If different sites are located on the same campus (e.g., medical building and acute care hospital), please indicate that in the “Sites” column. See the ABC HealthCare example below. If your organization has any joint ventures, please list and describe those in the second table below.

Please include a detailed listing showing all your sites. If your organization receives a site visit, an examiner team will use this information for planning and conducting its visit. Although site visits are not conducted at facilities outside the United States or its territories, these facilities may be contacted by teleconference or videoconference.

Example (ABC HealthCare)				
Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use “N/A” (not applicable).</i>	Relevant Products, Services, and/or Technologies
	<i>Check one or more.</i> <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Volunteers (no. or N/A)	<i>Check one.</i> % of <input type="checkbox"/> Sales <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Budget	
ABC Medical Center, Anytown, WA	1,232	147	77%	Admin. offices, inpatient care, ED, imaging services, lab
ABC Hospital West, West Anytown, ID	255	78	14%	Inpatient services, ED, lab
ABC Medical Group, Anytown, OR <i>Located on same campus as ABC Medical Center</i>	236	N/A	6%	Primary & specialty physician care
ABC Imaging Center, West Anytown, WA	11	N/A	1%	Imaging services
ABC Hospice Services, West Anytown, AK <i>Different location than ABC Hospital West and ABC Imaging Center</i>	94	89	1%	On- and off-site hospice services

11. Nomination to the Board of Examiners

If your organization is eligible to apply for the PENW Award, you may nominate one senior member from your organization to the Board of Examiners.

Name:

Title:

Email:

Phone

12. Self-Certification and Signature

I state and attest the following:

- (1) I have reviewed the information provided in this eligibility certification package.
- (2) To the best of my knowledge,
 - this package includes no untrue statement of a material fact, and
 - no material fact has been omitted.
- (3) Based on the information herein and the current eligibility requirements for the Performance Excellence Northwest (PENW) Recognition/Award, my organization is eligible to apply.
- (4) I understand that if the information is found not to support eligibility at any time during the award process, my organization will no longer receive consideration for the award and will receive only a feedback report.

Signature of highest-ranking official	Printed name	Date

13. Submission

To be considered for the PENW award, your complete eligibility certification package *must be submitted electronically no later than 90 day* prior to application submission.

To submit your Eligibility Certification package, request a secure Google Drive folder to upload your application, email askus@performanceexcellencenw.org or call 503-964-5244. To protect your information and confidentiality please do not email your eligibility package directly to PENW.