



#We Are Sterling

Elevating organizational performance excellence.

2020-2021 Sterling Challenge Management Assessment Application of Intent

Please type and make a copy for your records.

1) Applicant Organization (including Division Name) as you would want listed on the Feedback Report and recognition, as appropriate.

Official Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

2) Highest Ranking Official

Name (Mr. Ms. Dr.): _____

Title: _____

Address: _____

Official Representative for Correspondence:

Name: _____ Title: _____

Telephone: _____ Fax: _____

Email Address: _____

3) For Profit Designation

Is the Applicant a for-profit business?

(Check one) Yes No

4) Sector Category (please check one)

Manufacturing Service Education Health Care Nonprofit (Government)



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5) **Size and Location of Applicant**

Number of sites included in the application:

Total of Full-Time employees for the application:

Can the Applicant make available sufficient personnel, documentation, and facilities to allow a full examination of its operational practices with all major organizational functions of its statewide operations?

(Check one) Yes No

Statement of Authorization

We understand this Application of Intent Form and subsequent Sterling Collaborative Assessment Profile will be reviewed by the Sterling office and members of the Board of Examiners. We agree to host an assessment process on a virtual platform. We plan to submit our Challenge Assessment Organizational Profile within 60 days of the Application of Intent.

Authorized Signature

Name (Printed)

Title

Date

Telephone Number

Checklist

_____ Application of Intent filled in completely and signed.

_____ Application of Intent processing fee of \$1,000 attached (*non-refundable*) payable to the **Florida Sterling Council**

Is a line and box organization chart included which shows all components of the Applicant organization?

Yes No

Is the Application of Intent covered by a letter on the organization's stationery and signed by the Authorizing Official or designee?

Yes No

If the Applicant is a subunit of a larger organization, please indicate name here:

Are the line and box organization charts included which show the relationship of the Applicant to the highest management level of the parent organization, including all intervening levels? Yes No