



#We Are Sterling

Elevating organizational performance excellence.



2020-2021 Sterling Collaborative Assessment Application of Intent

Please type and make a copy for your records.

1. **Applicant Organization (including Division Name) as you 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. **Sector Category (please check one)**

Manufacturing Service Education Healthcare Nonprofit (Government)

4. **Size and Location of Applicant**

Number of sites included in the application: _____

Total of Full-Time employees for the application: _____

