

2022-2023 Governor's Sterling and Georgia Oglethorpe 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 Award, 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)



5. Size and Location of Applicant

Number of si	tes included	in the ap	oplication:
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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
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6) Site Listing and Descriptors Form

A - Address of Site	B - Relative Size— Percent of Applicant's		C - Description of Products, Services, or Programs
	Employees	Sales or Operating Budget	



Instructions:

- A. Address of Site(s) Provide the complete physical address of the site.
- B. *Relative Size* Provide the approximate percent of the Applicant's employees at each site. Provide the approximate percent of the total sales or operating budget at each site.
- C. Description of Key Products, Services, or Programs Describe the types of programs or services that are the output of the site. It may be necessary to state the relationship between the output of the site and the Applicant's programs and services. It is not necessary to list every program or service.

7. Key Business Factors

Provide a brief description of the following key business factors:

a. Description of Applicant organization (products, programs, services, and technologies).

b. Description of the major markets (local, regional, national, and international); conclude with a list of key customer groups and/or market segments.

c. Describe your relative size and growth in your industry or sector and principle factors determining success in key strategic challenges. Conclude with a list of key competitors and suppliers.

Telephone Number	
Title	Date
Authorized Signature	Name (Printed)
Application will be reviewed by members of to host the Site Visit to verify and clarify infostknowledges I have read and agreed to the	nt Form and subsequent Governor's Sterling Award the Board of Examiners. If selected for a Site Visit, we agree ormation provided in the Application. My signature also requirements for the Governor's Sterling & Georgia ing to the Results Items in Category 7, as provided in the ward Application Guide.
9. Briefly describe the reason(s) why the Ap Sterling Award.	oplicant is taking the challenge to apply for the Governor's
management level of the parent organization	
	ure and management links to the parent organization. howing the relationship of the Applicant to the highest



Checklist	
App	lication of Intent filled in completely and signed. lication of Intent processing fee of \$1,000 (<i>non-refundable</i>) payable to da Sterling Council (attach or call with credit card information)
Is a line and organization □ Yes	box organizational chart included which shows all components of the Applicant ?
If the Applica	ant is a sub-unit of a larger organization:
	and box organizational charts included which show the relationship of the Applicant to the highest management level of the parent organization, including all intervening (es