



#WeAreSterling

ELEVATING PERFORMANCE EXCELLENCE

2022-2023 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: _____



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 Collaborative 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 **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 sub-unit of a larger organization:

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