

<b>1. Applicant Information</b>			
Legal Company Name:		Address of Organization:	
DBA Name:		Industrial Park:	
Prior Company Name:		Street, Suite:	
Prior Award App Years:		City, State, Zip:	

<b>2. Highest-Ranking Official</b>			
Name:		Address – (if other than listed above):	
Title:		Industrial Park:	
Phone:		Street, Suite:	
E-Mail:		City, State, Zip:	

<b>3. Eligibility Contact Point</b>			
Name:		Address – (if other than listed above)	
Title:		Industrial Park:	
Phone:		Street, Suite:	
E-Mail:		City, State, Zip:	

<b>4. Award Category and For-Profit/Nonprofit Designation</b> (check boxes as appropriate)					
For-Profit:	<input type="checkbox"/>	Nonprofit:	<input type="checkbox"/>	Charitable Organization:	<input type="checkbox"/>
Service :	<input type="checkbox"/>	Education:	<input type="checkbox"/>	Manufacturing:	<input type="checkbox"/>
Small Business:	<input type="checkbox"/>	Health Care:	<input type="checkbox"/>	Municipal, State or Fed Govt:	<input type="checkbox"/>

<b>5. Applicant Status</b> (check box as appropriate)					
How long as the applicant been legally registered with the Secretary of State?					
Is the applicant up-to-date in paying all municipal, state, or federal taxes?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Are there any present liens placed against the applicant?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Has the applicant had any layoffs within the past 365 days of this application date?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Does the applicant have any layoffs planned within the next 12 months from this application date?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Is the applicant or any of its officers the subject of any criminal investigations, the defendant in an criminal cases?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Is the applicant the defendant in or subject of any civil litigation other than minor contractual disputes?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Has any officer in the applicant's organization been subject to professional discipline such as the suspension, revocation, payment of a fine	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

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or settlement or other discipline by a public or private licensing or certification body?				
Please Explain all "Yes" responses as Appropriate:				
<b>Signature of Highest Ranking Official (By signing you agree with all the responses to this Section)</b>				
Print Name:		Title:		
Signature:		Date:		

<b>6. Size and Location of Applicant</b>			
Total count - full-time workers:		Total count -part-time workers:	
Total count - volunteer:		Total count third-party temps:	

For the preceding fiscal year, check <b>one</b> financial descriptor and range:							
Sales:		Revenues:		Budgets:			
0-\$1M:	\$1M-\$10M:	\$10M-\$100M:	\$100M-\$500M:	\$500M-\$1B:		More than \$1B:	

Number of Sites in New England:		Sites Outside NE, but in US:		Sites Outside of US:	
Percentage of Employees:		Percentage of Employees:		Percentage of Employees:	

Operational practices associated with all major organizational functions must be accessible for examination. If some activities are performed outside the applicant's organization (e.g., by a component of the applicant that is outside New England, the parent organization, or its other subunits), will the applicant make available sufficient personnel, documentation, and facilities to allow full examination of its operational practices for all major functions of its worldwide operations?	Yes:	
	No:	
	N/A:	

<b>7. Subunits</b> (complete as applicable)			
Is the applicant _____ a larger parent or system? (Check all that apply.)			
A subsidiary of:		Administered by:	
A division of:		A unit of:	
Controlled by:		Owned by:	
Name of Parent (or System) Organization:			

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Briefly describe the major functions provided to the applicant by the parent or by other subunits of the parent.

Examples of such functions include, but are not limited to, strategic planning, business acquisition, research and development, 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.

Briefly describe the organizational structure and management links (relationship) to the parent.

**9. Site Listing and Descriptors**

Site Location	Relative Size – Percent of Applicant's		Describe Products, Services or Programs
	Employees	Sales	

**17. Key Business/Organization Factors**

List, briefly describe, or identify the following key business/organization factors. Be as specific as possible to help the Program avoid real or perceived conflicts of interest when assigning Examiners to evaluate your application. "Key" means those organizations that constitute 5 percent or more of your competitors, customers/users, or suppliers/partners.

Description of the applicant's main products and/or services and of the major markets served (local, regional, national, or international)	
List major markets served:	

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List of top three key competitors			
List of to three key customers/users			
List of top three key suppliers:			
Name of financial auditor		Fiscal Year (start/end)	

**10. Supplemental Attachments -** Please Attach the Following Documents as applicable

Attach a line-and-box organization chart for the applicant that includes the **division or unit level**. In each box, include the name of the unit or division and the name of its leader.

Attach a line-and-box organization chart(s) showing the relationship of the applicant to the highest management level of the parent, including all intervening levels. Each box within the chart should include the name of the leader of the unit or division.

Attach a copy of proof of your non-profit status (ST-2).

**11. Eligibility Filing Fee**

Provide payment for the **\$100** non-refundable eligibility filing fee. Please send a check to the below address:

**MassExcellence  
P.O. Box 1766  
Lowell, MA 01853-1766**

**12. Self-Certification Statement, Signature of the Highest-Ranking Official**

I state and attest that

- (1) I have reviewed the information provided by my organization in this Eligibility Certification Package.
- (2) To the best of my knowledge,
  - no untrue statement of a material fact is contained in this Eligibility Certification Package, and
  - no omission of a material fact has been made in this package.
- (3) Based on the information herein and the current eligibility requirements for the MassExcellence Award and Recognition Program, my organization is eligible to apply.
- (4) I understand that at any time during the 2009 Award Process cycle, if the information is found not to support eligibility, my organization will no longer receive consideration for the Award and will receive only a feedback report.

Print Name:		Title:	
Signature:		Date:	