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| This document contains the Application Form and checklist for the 2021 Malcolm Baldrige National Quality Award. Before filling out the form, please read the [*Application Content and Format*](https://www.nist.gov/baldrige/application-content-and-format) guidelines on our website [https://www.nist.gov/baldrige/application-content-and-format]. The form uses text fields (     ) that expand as you type. To enter text, place your cursor in the field, click to highlight the field, and begin typing. Use the Tab key to navigate to the next field.  |

**Paperwork Reduction Act Statement**

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB).  Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number.  Public reporting burden for this collection is estimated to be 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Robert Fangmeyer, Director Baldrige Program, robert.fangmeyer@nist.gov.

**OMB Control No. 0693-0006**

**Expiration Date: 07/31/2022**

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| 1. Your Organization

|  |  |
| --- | --- |
| Official name |       |
| Mailing address |       |

2. Award Category and Criteria Used

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| --- |
| a. Award category (Check one.)[ ]  Manufacturing[ ]  Service[ ]  Small business. The larger percentage of sales is in *(check one)* [ ]  Manufacturing [ ]  Service[ ]  Education[ ]  Health care[ ]  Nonprofit |
| b. Criteria used (Check one.)[ ]  Business/Nonprofit[ ]  Education[ ]  Health Care |

3. Official Contact Point Designate a person with in-depth knowledge of the organization, a good understanding of the application, and the authority to answer inquiries and arrange a site visit, if necessary. *Contact between the Baldrige Program and your organization is limited to this individual and the alternate official contact point. If this official contact point changes during the application process, please inform the program.*[ ]  Mr.[ ]  Mrs.[ ]  Ms.[ ]  Dr.

|  |  |
| --- | --- |
| Name |       |
| Title |       |
| Mailing address | [ ]  Same as above      |
| Overnight mailing address | [ ]  Same as above *(Do not use a P.O. box number.)*      |
| Telephone (office and cell, if possible)  |       |
| Fax |       |
| Email |       |

 | 4. Alternate Official Contact Point[ ]  Mr.[ ]  Mrs.[ ]  Ms.[ ]  Dr.

|  |  |
| --- | --- |
| Name |       |
| Telephone |       |
| Fax |       |
| Email |       |

5. Release and Ethics StatementsRelease StatementI understand that this application will be reviewed by members of the Board of Examiners. If my organization is selected for a site visit, my organization will* host the site visit,
* facilitate an open and unbiased examination, and
* pay reasonable costs associated with the site visit (see [*Baldrige Award Process Fees*](https://www.nist.gov/baldrige/baldrige-award/award-process-fees/) at https://www.nist.gov/baldrige/baldrige-award/award-process-fees/).

If selected to receive an award, my organization will share nonproprietary information on its successful performance excellence strategies with other U.S. organizations.Ethics Statement and Signature of Highest-Ranking OfficialI state and attest that1. I have reviewed the information provided by my organization in this award application package.
2. To the best of my knowledge, this package contains no untrue statement of a material fact and omits no material fact that I am legally permitted to disclose and that affects my organization’s ethical and legal practices. This includes but is not limited to sanctions and ethical breaches.

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| --- | --- |
|  |       |
| Signature | Date |

[ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Dr.

|  |  |
| --- | --- |
| Printed name  |       |
| Job title  |       |
| Applicant name |       |
| Mailing address | [ ]  Same as above      |
| Telephone  |       |
| Email |  |

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## 6. Fees

Indicate the amounts enclosed. (See the [*Baldrige Award Process Fees*](https://www.nist.gov/baldrige/baldrige-award/award-process-fees) page on our website [https://www.nist.gov/baldrige/baldrige-award/award-process-fees].)

|  |  |
| --- | --- |
| Application fee |       |
| Total | $ 0.00 |

Indicate your method of payment.

|  |
| --- |
| [ ] **Check** [ ]  **Money order**Official Name of Organization:      Mailing Address:       |
| To pay by check or money order, please make payable to the ***Malcolm Baldrige National Quality Award*** and include the name of the organization applying on the memo line. Include one printed copy of this page with your payment.  |
| [ ]  **ACH payment** [ ]  **Wire transfer**Checking ABA routing number: 041000124 Checking account number: 4245714835 |
| *Before sending an ACH payment or wire transfer, please notify the American Society for Quality (ASQ; [414] 765-7205, or asqbaldrige@asq.org). Reference the Baldrige Award with your payment.* |
| [ ]  Visa [ ]  MasterCard [ ]  American Express |
| Card number  |       | Authorized signature |  |
| Expiration date |       | Printed name |       |
| Card billing address |       | Today’s date |       |

### W-9 Request

If you require an IRS Form W-9 (Request for Taxpayer Identification Number and Certification), contact ASQ at (414) 765-7205.

***Note: Do not include this page (page A-2 of the Application Form) in your 50-page PDF application file.***

## 7. Submission

You must email asqbaldrige@asq.org to request a link to submit your application through NIST’s secure file transfer system.

## 1. Award Application Package

[ ]  I have included my organization’s application as a printable PDF file

## 2. Format

[ ]  The application meets all formatting requirements. (See [*Application Content and Format*](https://www.nist.gov/baldrige/application-content-and-format)webpage and Details document)

## 3. Application

The application contains the following sections, as well as divider pages indicated in [*Application Content and Format*](https://www.nist.gov/baldrige/application-content-and-format) webpage and Details document:

[ ]  blank front cover

[ ]  title page

[ ]  Table of Contents

[ ]  page A-1 of the 2021 Application Form

[ ]  date-stamped copy of the Eligibility Certification Form received from ASQ

[ ]  date-stamped copy of the organization chart(s) received from ASQ

[ ]  Glossary of Terms and Abbreviations

[ ]  Organizational Profile

[ ]  Responses Addressing All Criteria Items

[ ]  blank back cover

## 4. Page A-2 of the Application Form

[ ]  I have included one paper copy of page A-2 with my **check or money order** payment.

[ ]  I am paying by **ACH payment or wire transfer** and uploading page A-2 with my application package.

## 5. Fees

[ ]  I have indicated my method of payment for the application fee.

[ ]  If paying by check or money order, I have made it payable to the **Malcolm Baldrige National Quality Award** and mailed it to

Malcolm Baldrige National Quality Award
c/o ASQ—Baldrige Award Administration
600 North Plankinton Avenue
Milwaukee, WI 53203
(414) 765-7205

 \*Remember to include the name of the organization applying on the memo line.

## 6. Submission

[ ]  I am requesting a link to NIST’s secure file transfer system from asqbaldrige@asq.org and submitting the award application package no later than April 27, 2021 (PDF file only).