

2017

website

This document contains the Eligibility Certification Form and checklist for the 2013 Malcolm Baldrige National Quality Award. Before filling out the form, please see *Is Your Organization Eligible?* (<http://www.nist.gov/baldrige/enter/eligible.cfm>) on our Web site.

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.

In addition to the general eligibility conditions and eligibility category requirements detailed on our Web site (see *Is Your Organization Eligible?* (<http://www.nist.gov/baldrige/enter/eligible.cfm>)), your organization must meet ONE of the criteria listed below to apply for the Baldrige Award.

If using criteria 2, 3, or 4, please fill in the information below.

The following will be moved to inside the tool. It will become question 6K so that applicants don't miss it.

See Word document for how/why this text has been updated based on a change in eligibility rules asked for by the Federal advisory body, the Baldrige Board of Overseers. The change in rules opens eligibility to more organizations, including very small businesses and manufacturers that span states and their subunits.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------|
| 1. My organization has won the Baldrige Award. | No | Continue with statement 2. |
| 2. Between 2008 and 2012, my organization received the top award from an award program that is a member of the Alliance for Performance Excellence. | No | Continue with statement 3. |
| 3. Between 2008 and 2012, my organization applied for the national Baldrige Award, and the total of the process and results band numbers assigned in the feedback report was 8 or higher. | No | Continue with statement 4. |
| 4. Between 2008 and 2012, my organization applied for the national Baldrige Award and received a site visit. | Yes | Your organization is eligible. Year of site visit: |
| 5. More than 25% of my organization's workforce is located outside the organization's home state. | Yes | Your organization is eligible. |
| 6. There is no Alliance for Performance Excellence award program available for my organization. | Yes | Your organization is eligible. |

Move notwithstanding statement here. Add above statement: OMB Clearance #0693-0006
Expiration Date: May 31, 2016

1. Your Organization

| | |
|---------------|---------------------------------------------|
| Official name | |
| Other name | |
| Prior name | <i>(if changed within the past 5 years)</i> |

| | |
|----------------------|--|
| Headquarters address | |
|----------------------|--|

2. Highest-Ranking Official

Mr. Mrs. Ms. Dr.

| | |
|-----------|--|
| Name | |
| Job title | |
| E-mail | |
| Telephone | |
| Fax | |

| | |
|---------|----------------------------------------|
| Address | <input type="checkbox"/> Same as above |
|---------|----------------------------------------|

3. Eligibility Contact Point

Designate a person who can answer inquiries about your organization. Questions from your organization and requests from the Baldrige Program will be limited to this person and the alternate identified below.

Mr. Mrs. Ms. Dr.

| | |
|-----------|--|
| Name | |
| Job title | |
| E-mail | |
| Telephone | |
| Fax | |

| | |
|---------------------------|-------------------------------------------------------------------------------|
| Address | <input type="checkbox"/> Same as above |
| Overnight mailing address | <input type="checkbox"/> Same as above <i>(Do not use a P.O. box number.)</i> |

4. Alternate Eligibility Contact Point

Mr. Mrs. Ms. Dr.

| | |
|--------|--|
| Name | |
| E-mail | |

| | |
|-----------|--|
| Telephone | |
| Fax | |

this text not needed here, nominations are explained in question 14

All 2017 due dates TBD

5. Application History

a. Has your organization previously submitted an eligibility certification package?

Yes. Indicate the year(s). Also indicate the organization's name at that time, if different.

Year(s) []
Name(s) []

No

Don't know

This is no longer optional due to new eligibility rules. See new question 6K.

Has your organization ever received the Malcolm Baldrige National Quality Award?

Has your organization receive the award in 2007 or earlier?

If your organization is eligible to apply for the award.

If your organization received an award between 2008 and 2012, it is eligible to apply only. Contact the Baldrige Program at (877) 237-9064, option 3, if you have questions.

No

c. (Optional; for statistical purposes only) Has your organization participated in a state or local Baldrige-based award process?

Yes. Years: []

No

7. Award Category

See Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>) on our Web site.

a. Award category (Check one.)

Your education or health care organization may use the Business/Nonprofit Criteria and apply in the service, small business, or nonprofit category. However, you probably will find the sector-specific Criteria more appropriate.

For-Profit

Nonprofit

Manufacturing

Nonprofit

Service

Education

Small business (≤ 500 employees)

Health care

Education

Health care

add for clarity: (Education or Health Care)

Add: In table below, list

b. Industrial classifications. List up to three of the most descriptive NAICS codes for your organization (see NAICS list included at the end of this document). These are used to identify your organizational functions and to assign applications to examiners.

[] [] []

8. Organizational Structure

- a. For the preceding fiscal year, the organization had _____ in
- | | | | |
|-------------------------------------------------------|---------------------------------------------------------|---|----------------------------------|
| <input type="checkbox"/> up to \$1 million | <input type="checkbox"/> \$1.1 million–\$10 million | ⇒ | <input type="checkbox"/> sales |
| <input type="checkbox"/> \$10.1 million–\$100 million | <input type="checkbox"/> \$100.1 million –\$500 million | | <input type="checkbox"/> revenue |
| <input type="checkbox"/> \$500.1 million–\$1 billion | <input type="checkbox"/> more than \$1 billion | | <input type="checkbox"/> budget |
- b. Attach a line-and-box organization chart that includes divisions or unit levels. In each box, include the name of the unit or division and the name of its leader. Do _____ in the boxes.
- The chart is attached.
- c. The organization is _____ a larger parent or system. (Check all that apply.)
- not a subunit of (*Proceed to item 8.*)

Change text for clarity: See item 6 above.

| | | | |
|------------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> a subsidiary of | <input type="checkbox"/> controlled by | <input type="checkbox"/> administered by | <input type="checkbox"/> owned by |
| <input type="checkbox"/> a division of | <input type="checkbox"/> a unit of | <input type="checkbox"/> a school of | <input type="checkbox"/> other _____ |

Parent organization: Address:

Total number of paid employees*:

Highest-ranking official: Job title:

Telephone:

**Paid employees include permanent, part-time, temporary, and contract employees supervised by the organization. Include employees of joint ventures.*

d. Is your organization the only subunit of the parent intending to apply for the award? Based on the parent organization's size, the program may accept multiple applications within or across award categories from subunits (see Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>)).

Yes No (Briefly explain below.) Don't know

e. Attach a line-and-box organization chart(s) showing your organization's relationship to the parent's highest management level, including all intervening levels. In each box, include the name of the unit or division and its leader. Do not use shading or color in the boxes.

The chart is attached.

d. Considering the organization chart, briefly describe below how your organization relates to the parent and its other subunits in terms of products, services, and management structure.

Delete. Baldrige Board of Overseers changed rule regarding subunits so that more would be eligible.

All 2017 dates are TBD

e. Provide the title and date of an official document (e.g., an annual report, organizational literature, a press release) that clearly defines your organization as a discrete entity.

Title

[Text box containing "website"]

Date

[Text box]

Attach a copy of relevant portions of the document. If you name a Web site as documentation, print and attach the relevant pages, providing the name only (not the URL) of the Web site.

Relevant portions of the document are attached.

h. Briefly describe the major functions your parent or its other subunits provide to your organization, if appropriate. Examples are strategic planning, business acquisition, research and development, facilities management, 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.

[Large empty text box for description]

6. Eligibility Determination

See also Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>).

a. Is your organization a distinct organization or business unit headquartered in the United States?

Yes No Briefly explain.

[Text box containing "1, 2016"]

b. Has your organization officially or legally existed for at least one year, or since April 2, 2012?

Yes No

c. Can your organization respond to all seven Baldrige Criteria categories? Specifically, does your organization have processes and related results for its unique operations, products, and/or services? For example, does it have an independent leadership system to set and deploy its vision, values, strategy, and action plans? Does it have approaches for engaging customers and the workforce, as well as for tracking and using data on the effectiveness of these approaches?

Yes No add: or its territories

d. If some of your organization's activities are performed outside the United States or its territories and your organization receives a site visit, will you make available sufficient personnel, documentation, and facilities in the United States to allow a full examination of your worldwide organization?

Yes No Not applicable

e. If your organization receives an award, can it make sufficient personnel and documentation available to share its practices at The Quest for Excellence Conference and at your organization's U.S. facilities?

Yes No

If you checked "No" for 6a, 6b, 6c, 6d, or 6e, call the Baldrige Program at (877) 237-9064, option 3.

If you are unable to respond to any item, call (877) 237-9064, option 3, before submitting this form.

2013 Eligibility Certification Form

Questions for Subunits Only

- ~~f. Is your subunit recognizably different from the parent and its other subunits? For example, do your customers distinguish your products and services from those of the parent and/or other subunits? Are your products or services unique within the parent? Do other units within the parent provide the same products or services to a different customer base?~~
- ~~Yes. Continue with 8g.~~
- ~~No. Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.~~
- f.** Is your organization a subunit in education or health care? (Check your eligibility by reading Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>) on our Web site.)
- Yes. **Proceed to item 9.**
- No. Continue with **6g.**
- Add: Then proceed to item 6k.**
- ~~h. Does your subunit have more than 500 paid employees?~~
- See new 6h in Word file.**
- ~~No. Continue with 6i. Your subunit is eligible to apply for the award. Proceed to item 9.~~
- ~~Yes. Is it separately incorporated and distinct from the parent's other subunits? Or was it independent before being acquired by the parent, and does it continue to operate independently under its own identity?~~
- See new 6i in Word file.**
- ~~Yes. Yes. (If your subunit is in the small business category, Attach relevant portions of a supporting official incorporation) to this form. Proceed to item 9.~~
- ~~No. Continue with 8j.~~
- ~~No. Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.~~
- ~~j. Does your subunit (1) have more than 25 percent of its products or services sold outside your subunit, its parent, and other organizations that own or have financial or organizational control of your subunit or the parent?~~
- See new 6j in Word file.**
- ~~Yes. Your organization is eligible to apply for the award.~~
- ~~No. Your organization probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.~~

9. Supplemental Sections

The organization has (a) a single performance system that supports all of its product and/or service lines and (b) products or services that are essentially similar in terms of customers/users, technology, workforce or employee types, and planning.

- Yes. Proceed to item 10.
- No. Your organization may need to submit one or more supplemental sections with its application. Call the Baldrige Program at (877) 237-9064, option 3.

All 2017 dates are TBD

Eligibility package due ~~April 2, 2013 (February 19 if you nominate an examiner)~~
Award package due ~~May 14, 2013 (April 30 on CD only)~~

10. Application Format

If your organization is applying for the 2013 award, in which format will you submit your application?

- 15 paper copies **and** a CD (must be postmarked on or before May 14, 2013)
- CD only (must be postmarked on or before April 30, 2013)

2017
Dates
TBD

11. Use of Cell Phones, Cordless Phones, and Voice-over-Internet Protocol (VoIP)

Do you authorize Baldrige examiners to use cell phones, cordless phones, and VoIP to discuss your application? *Your answer will not affect your organization's eligibility. Examiners will hold all your information in strict confidence and will discuss your application only with other assigned examiners and with Baldrige Program representatives as needed.*

- Yes No

See struck-out text rewritten for clarity in Word file.

12. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information here. You may group sites by function or location (city, state), as appropriate. ~~Please include the total for each column (sites, employees/faculty/staff, and volunteers). If your organization receives a site visit, the Baldrige Program will request a more detailed listing. Although site visits are not conducted at facilities outside the United States or its territories, these facilities may be contacted by teleconference or videoconference.~~

| Example | | | | |
|--------------|---------------------------------------------|----------------------------------------------|---------------------------------------------------------|--------------------------------------------|
| | Workforce* | | List the % at each site, or use "N/A" (not applicable). | |
| | List the numbers at each site. | | Check one. | |
| | Check one or more. | | % of | Check one. |
| | <input type="checkbox"/> Employees | Volunteers (or <input type="checkbox"/> N/A) | | <input type="checkbox"/> Sales |
| | <input checked="" type="checkbox"/> Faculty | | | <input type="checkbox"/> Revenue |
| | <input checked="" type="checkbox"/> Staff | | | <input checked="" type="checkbox"/> Budget |
| | 81 Faculty | 25 | 95% | |
| | 00 Staff | | | |
| | 7 Faculty | 3 | 5% | |
| | Staff | | | |
| Total | 2 | 600 | 28 | 100% |

Example reworked to represent health care, as that sector has the most applicants. See Word file.

*The term "workforce" refers to all people actively involved in accomplishing the work of your organization, including paid employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by the organization) and volunteers, as appropriate. The workforce includes team leaders, supervisors, and managers at all levels.

Add column for "Relevant Products, Services, and/or Technology"

| Your Organization | | | | |
|-----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------|----------------------------------|
| | Workforce* | | List the % at each site, or use "N/A" (not applicable). | |
| | List the numbers at each site. | | Check one. | |
| | Check one or more. | | % of | Check one. |
| | <input type="checkbox"/> Employees | Volunteers (or <input type="checkbox"/> N/A) | | <input type="checkbox"/> Sales |
| | <input type="checkbox"/> Faculty | | | <input type="checkbox"/> Revenue |
| | <input type="checkbox"/> Staff | | | <input type="checkbox"/> Budget |
| Sites (U.S. and Foreign) <i>List the city and the state or country.</i> | | | | |
| | | | | |
| | | | | |

change to: no. or (edit for clarity)

2017

Add to header, above page number, OMB Clearance #0693-0006

2013 Eligibility Certification Form

| | | | |
|--------------|--|--|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | 100% |

*The term "workforce" refers to all people actively involved in accomplishing the work of your organization, including paid employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by the organization) and volunteers, as appropriate. ~~The workforce includes team leaders, supervisors, and managers at all levels.~~

where necessary

; it also

Add text: (we recommend using bullets)

13. Key Business/Organization Factors

List or briefly describe the following key business/organization factors. Please be concise, but be as specific as possible. Provide full names of organizations (i.e., do not use acronyms). *The Baldrige Program uses this information to avoid conflicts of interest when assigning examiners to your application. Examiners also use this information in their evaluations.*

a. Main products and/or services and major markets served (local, regional, national, and international)

b. Key competitors (those that constitute 5 percent or more of your competitors)

c. Key customers/users (those that constitute 5 percent or more of your customers/users)

d. Key suppliers/partners (those that constitute 5 percent or more of your suppliers/partners)

e. Financial auditor

f. Fiscal year (e.g., October 1–September 30)

| | |
|--|--|
| | |
|--|--|

Add: f. Parent organization (if your organization is a subunit).

All 2017 due dates TBD

2013 Eligibility Certification Form

14. Nomination to the Board of Examiners

~~If you submit your eligibility certification package on or before February 19, 2013, you may nominate one senior member from your organization to the 2013 Board of Examiners.~~

See text in Word file rewritten for clarity.

Nominees are appointed for one year only. Nominees

- **must not have served previously on the Board of Examiners** and
- must be citizens of the United States, be located in the United States or its territories, and be employees of the applicant organization.

The program limits the number of examiners from any one organization. If your organization already has representatives on the board, nominating an additional person may affect their reappointment.

Board appointments provide a significant opportunity for your organization to learn about the Criteria and the evaluation process. The time commitment is also substantial: examiners commit to a minimum of 110 hours from April to December, including approximately 40 hours in April/May to complete self-study, three to four days in May to attend Examiner Preparation, and 50–70 hours from June through August to complete an Independent and Consensus Review. If requested by the program, examiners also participate in a Site Visit Review of approximately nine days. The nominee or the organization must cover travel and housing expenses incurred for Examiner Preparation.

Mr. Mrs. Ms. Dr.

2017

from our organization will serve on the 2013 Board of Examiners.
 E-mail address

I understand that the nominee or the organization will cover travel and hotel costs associated with participation in Examiner Preparation.

See Word file for added sentence.

2013 Eligibility Certification Form

15. Fee

Indicate your method of payment for the \$360 eligibility certification fee.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Check (enclosed) <input type="checkbox"/> Money order (enclosed) <i>Make payable to the Malcolm Baldrige National Quality Award.</i> | | | |
| <input type="checkbox"/> ACH payment <input type="checkbox"/> Wire transfer | | Checking ABA routing number: 075-000-022 Checking account number: 182322730397 | |
| <i>Before sending an ACH payment or wire transfer, notify the American Society for Quality (ASQ; [414] 298-8789, ext. 7205, or mbnqa@asq.org). Reference the Baldrige Award with your payment.</i> | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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) 298-8789, ext. 7205.

16. Self-Certification and Signature

I state and attest the following:

- (1) I have reviewed the information provided in this eligibility certification package.
- (2) To the best of my knowledge,
 - this package includes no untrue statement of a material fact, and
 - no material fact has been omitted.
- (3) Based on the information herein and the current eligibility requirements for the Malcolm Baldrige National Quality Award, my organization is eligible to apply.
- (4) I understand that if the information is found not to support eligibility at any time during the 2013 award process, my organization will no longer receive consideration for the award and will receive only a feedback report.

2017

| | | |
|---------------------------------------|--------------|------|
| | | |
| Signature of highest-ranking official | Printed name | Date |

17. Submission

To be considered for the 2013 award, submit your eligibility certification package

- ~~on or before February 19, 2013, if you include a nomination to the Board of Examiners~~
- ~~on or before April 2, 2013, without a nomination, to~~

Malcolm Baldrige National Quality Award
 c/o ASQ—Baldrige Award Administration
 600 North Plankinton Avenue
 Milwaukee, WI 53203
 (414) 298-8789, ext. 7205

postmarked no later than [insert date], to

Include proof of the mailing date. Send the package via

- a delivery service (e.g., Airborne Express, Federal Express, United Parcel Service, or the United States Postal Service [USPS] Express Mail) that automatically records the mailing date or
- the USPS (other than Express Mail), with a dated receipt from the post office.

Eligibility package due ~~April 2, 2013 (February 19 if you nominate an examiner)~~
 Award package due May 14, 2013 (~~April 30 on CD only~~)

All dates TBD

1. Eligibility Certification Form*

- I have answered all questions completely.
- I have included a line-and-box organization chart showing all components of the organization and the name of each unit or division and its leader.
- The highest-ranking official has signed the form.

Insert text regarding new eligibility rule. See Word file.

For Subunits Only

- I have included a line-and-box organization chart(s) showing the subunit's relationship to the parent's highest management level, including all intervening levels.
- I have enclosed copies of relevant portions of an official document clearly defining the subunit as a discrete entity.

*Please do not staple the pages of this form.

2. Fee

- I have indicated my method of payment for the nonrefundable \$360 eligibility certification fee.
- If paying by check or money order, I have made it payable to the **Malcolm Baldrige National Quality Award** and included it in the eligibility certification package.

3. Submission and Examiner Nomination

- I am nominating a senior member of my organization to the **2017** Board of Examiners, ~~and I am submitting the eligibility certification package on or before February 19, 2013.~~
- I am not nominating a senior member of my organization to the **2017** Board of Examiners, ~~and I am submitting the eligibility certification package on or before April 2, 2013.~~
- I have included proof of the mailing date. ~~(See page E-8.)~~
- I am sending the complete eligibility certification package to
 Malcolm Baldrige National Quality Award
 c/o ASQ—Baldrige Award Administration
 600 North Plankinton Avenue
 Milwaukee, WI 53203
 (414) 298-8789, ext. 7205

See Word file for sentence added.

All dates TBD

North American Industry Classification System (NAICS) Codes

Please insert NAICS codes most relevant to your organization's products and/or services in the Eligibility Certification Form. For more information about the NAICS codes, go to <http://www.census.gov/eos/www/naics/>.

Code Sector

111 Crop Production
112 Animal Production
113 Forestry and Logging
114 Fishing, Hunting and Trapping
115 Support Activities for Agriculture and Forestry
211 Oil and Gas Extraction
212 Mining (except Oil and Gas)
213 Support Activities for Mining
221 Utilities
233 Building, Developing and General Contracting
234 Heavy Construction
235 Special Trade Contractors
238 Specialty Trade Contractors
311 Food Manufacturing
312 Beverage and Tobacco Product Manufacturing
313 Textile Mills
314 Textile Product Mills
315 Apparel Manufacturing
316 Leather and Allied Product Manufacturing
321 Wood Product Manufacturing
322 Paper Manufacturing
323 Printing and Related Support Activities
324 Petroleum and Coal Products Manufacturing
325 Chemical Manufacturing
326 Plastics and Rubber Products Manufacturing
327 Nonmetallic Mineral Product Manufacturing
331 Primary Metal Manufacturing
332 Fabricated Metal Product Manufacturing
333 Machinery Manufacturing
3331 Agriculture, Construction, and Mining Machinery Manufacturing
3332 Industrial Machinery Manufacturing
3333 Commercial and Service Industry Machinery Manufacturing
3334 Ventilation, Heating, Air-Conditioning and Commercial Equipment Manufacturing
3335 Metalworking Machinery Manufacturing
3336 Engine, Turbine, and Power Transmission Equipment
3339 Other General Purpose Machinery Manufacturing
334 Computer and Electronic Product Manufacturing
3341 Computer and Peripheral Equipment Manufacturing
3342 Communications Equipment Manufacturing
3344 Semiconductor and Other Electronic Component Manufacturing
335 Electrical Equipment, Appliance and Component Manufacturing
3353 Electrical Equipment Manufacturing
3359 Other Electrical Equipment and Component Manufacturing
336 Transportation Equipment Manufacturing
337 Furniture and Related Product Manufacturing

**If you are unable to respond to any item,
call (877) 237-9064, option 3, before submitting this form.**

339 Miscellaneous Manufacturing
421 Wholesale Trade, Durable Goods
422 Wholesale Trade, Nondurable Goods
423 Merchant Wholesalers, Durable Goods
425 Wholesale Electronic Markets and Agents and Brokers
441 Motor Vehicle and Parts Dealers
442 Furniture and Home Furnishings Stores
443 Electronics and Appliance Stores
444 Building Material and Garden Equipment and Supplies Stores
445 Food and Beverage Stores
446 Health and Personal Care Stores
447 Gasoline Stations
448 Clothing and Clothing Accessories Stores
451 Sporting Goods, Hobby, Book and Music Stores
452 General Merchandise Stores
453 Miscellaneous Store Retailers
454 Nonstore Retailers
481 Air Transportation
482 Rail Transportation
483 Water Transportation
484 Truck Transportation
485 Transit and Ground Passenger Transportation
486 Pipeline Transportation
487 Scenic and Sightseeing Transportation
488 Support Activities for Transportation
491 Postal Service
492 Couriers and Messengers
493 Warehousing and Storage Facilities
511 Publishing Industries
512 Motion Picture and Sound Recording Industries
513 Broadcasting and Telecommunications
514 Information Services and Data Processing Services
517 Telecommunications
521 Monetary Authorities - Central Bank
522 Credit Intermediation and Related Activities
5221 Depository Credit Intermediation
5222 Non-Depository Credit Intermediation
5223 Activities Related to Credit Intermediation
523 Securities, Commodity Contracts and Other Intermediation
5231 Securities and Commodity Contracts Intermediation
5232 Securities and Commodity Exchanges
5239 Other Financial Investment Activities
524 Insurance Carriers and Related Activities
525 Funds, Trusts and Other Financial Vehicles (U.S. Organizations)
5251 Insurance and Employee Benefit Funds
5259 Other Investment Pools and Funds
531 Real Estate
532 Rental and Leasing Services
533 Owners and Lessors of Other Non-Financial Assets
541 Professional, Scientific and Technical Services
551 Management of Companies and Enterprises
561 Administrative and Support Services
562 Waste Management and Remediation Services

Eligibility package due ~~April 2, 2013 (February 19 if you nominate an examiner)~~
Award package due ~~May 14, 2013 (April 30 on CD only)~~

all
dates
TBD

- 611 Educational Services
 - 6111 Elementary and Secondary Schools
 - 6112 Junior Colleges
 - 6113 Colleges, Universities, and Professional Schools
 - 6114 Business Schools and Computer and Management Training
 - 6115 Technical and Trade Schools
 - 6116 Other Schools and Instruction
 - 6117 Educational Support Services
- 621 Ambulatory Health Care Services
 - 6211 Offices of Physicians
 - 6212 Offices of Dentists
 - 6213 Offices of Other Health Practitioners
 - 6214 Outpatient Care Centers
 - 6215 Medical and Diagnostic Laboratories
 - 6216 Home Health Care Services
 - 6219 Other Ambulatory Health Care Services
- 622 Hospitals
- 623 Nursing and Residential Care Facilities
- 624 Social Assistance
- 711 Performing Arts, Spectator Sports and Related Industries
- 712 Museums, Historical Sites and Similar Institutions
- 713 Amusement, Gambling and Recreation Industries
- 721 Accommodation (hotels)
- 722 Food Services and Drinking Places
- 811 Repair and Maintenance
- 812 Personal and Laundry Services
- 813 Religious, Grantmaking, Civic, and Professional and Similar Organizations
- 814 Private Households
- 921 Executive, Legislative, Public Finance and General
- 922 Justice, Public Order, and Safety
- 923 Administration of Human Resource Programs
- 924 Administration of Environmental Quality Programs
- 925 Administration of Housing Programs, Urban Planning
- 926 Administration of Economic Programs
- 927 Space Research and Technology
- 928 National Security and International Affairs
- 999 Unclassified Establishments

**If you are unable to respond to any item,
call (877) 237-9064, option 3, before submitting this form.**

move to first page

Paperwork Reduction Act Statement

Notwithstanding any other provision 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 Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

The reason for collecting this information is the Malcolm Baldrige National Quality Award (award). The information obtained with responses to the collection of information are required for organizations to be considered for the award. Responses to the collection of information are required for organizations to be covered under the Freedom of Information Act.

Use updated notwithstanding statement

Malcolm Baldrige National Quality Award (award). Responses to the collection of information are required for organizations to be covered under the Freedom of Information Act.

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to

the initial response of the first-time applicant (this includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing the collection of information, and completing and reviewing the collection of information). In future years, this burden may change, in either direction, depending on the application.

Robert Fangmeyer

Dr. Harry Hertz, Director
Baldrige Performance Excellence Program
National Institute of Standards and Technology
Administration Building, Room A600
100 Bureau Drive, Stop 1020
Gaithersburg, MD 20899-1020

and to
Office of Information and Regulatory Affairs
Office of Management and Budget
Washington, DC 20503

All dates TBD