

This document contains the Eligibility Certification Form and checklist for the 2022 Malcolm Baldrige National Quality Award. Before filling out the form, please see *Is Your Organization Eligible?* (<https://www.nist.gov/baldrige/baldrige-award/your-organization-eligible/>) on our website.

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. Single click the check boxes (☐) to mark them.

Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0006. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, 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

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-1 of 12

1. Your Organization

Official name

Other name

Prior name

(if changed within the past 5 years)

Headquarters address

2. Highest-Ranking Official

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name

Job title

Email

Telephone

Fax

Address

☐ 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

Email

Telephone
(office and cell,
if possible)

Fax

Address

☐ Same as above

Overnight
mailing
address

☐ Same as above (Do not use a P.O. box number.)

4. Alternate Eligibility Contact Point

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name

Email

Telephone

Fax

Eligibility package due February 28, 2022

Award package due May 2, 2022

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

- b. Has your organization ever received the Malcolm Baldrige National Quality Award®?

☐ Yes.

Did your organization receive the award in 2016 (the year you submitted award-winning application) or earlier?

☐ Yes. *Your organization is eligible to apply for the award.*

☐ No. *If your organization received an award between 2017 and 2021, it is eligible to apply for feedback only. Contact the Baldrige Program at (877) 237-9064, option 3, if you have questions.*

☐ No

- c. Has your organization participated in a regional/state/local or sector-specific Baldrige-based award process?

☐ Yes. Years:

☐ No

- d. Is your organization submitting additional materials (i.e., a completed Organizational Profile and two results measures for each of the five Criteria results items [option 8 in section 6k]) as a means of establishing eligibility?

☐ No. *Proceed to question 6.*

☐ Yes. *In the box below, briefly explain the reason your organization chose this eligibility option. (This information will be shared with the Alliance leadership, without revealing your organization's identity.)*

6. Eligibility Determination

See also [Is Your Organization Eligible?](https://www.nist.gov/baldrige/baldrige-award/your-organization-eligible/) (<https://www.nist.gov/baldrige/baldrige-award/your-organization-eligible/>).

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

☐ Yes ☐ No. *Briefly explain.*

- b. Has your organization officially or legally existed for at least one year, or since April 1, 2021?

☐ 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

- 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 or its territories 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.

Questions for Subunits Only

- f. If your organization is a subunit in education or health care, does your subunit provide direct teaching and instructional service to students or direct health care services to people?

☐☐ Yes. (<https://www.nist.gov/baldrige/baldrige-award/your-organization-eligible>). **Then proceed to item 6k.**

☐☐ No. Continue with 6g.

- g. Does your subunit function independently and as a discrete entity, with substantial authority to make key administrative and operational decisions? (It may receive policy direction and oversight from the parent organization.)

☐☐ Yes. Continue with 6h.

☐☐ No. Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.

- h. Does your subunit have a clear definition of "organization" reflected in its literature? Does it function as a business or operational entity, not as activities assembled to write an award application?

☐☐ Yes. Continue with 6i.

☐☐ No. Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.

- i. Is your subunit in manufacturing or service?

☐☐☐ Yes. Does it have 500 or fewer employees? Is it separately incorporated and distinct from the parent organization's other subunits? Or was it independent before being acquired by the parent, and does it continue to operate independently under its own identity?

☐☐ Yes. Your subunit is eligible in the small business category. Attach relevant portions of a supporting official document (e.g., articles of incorporation) to this form.

If your subunit has 500 or less employees, you may apply under Manufacturing or Service if it is more appropriate than Small Business. **Proceed to item 6k.*

☐ ☐ No. Continue with 6j.

- j. Is your subunit self-sufficient enough to be examined in all seven categories of the Criteria?
- Does it have its own senior leaders?
 - Does it plan and implement its own strategy?
 - Does it serve identifiable customers either inside or outside the organization?
 - Is it responsible for measuring its performance and managing knowledge and information?
 - Does it manage its own workforce?
 - Does it manage its own work processes and other aspects of its operations?
 - Can it report results related to these areas?

☐ ☐ Yes. Proceed to 6k (table below).

☐ ☐ No. Your organization probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.

k. Does your organization meet one of the following conditions?

1. My organization has won the Baldrige Award (prior to 2017).	<input type="checkbox"/> Yes	Your organization is eligible.	No	Continue with statement 2.
2. Between 2017 and 2021, my organization applied for the national Baldrige Award, and the total of the process and results bands assigned in the feedback report was 8 or higher.	<input type="checkbox"/> Yes	Your organization is eligible. Year: Total of band scores:	No	Continue with statement 3.
3. Between 2017 and 2021, my organization applied for the national Baldrige Award and received a site visit.	<input type="checkbox"/> Yes	Your organization is eligible. Year of site visit:	No	Continue with statement 4.
4. Between 2016 and 2021, my organization received the top award from an award program that is a member of the Alliance for Performance Excellence.	<input type="checkbox"/> Yes	Your organization is eligible. Award program: Year of top award:	No	Continue with statement 5.
5. More than 25% of my organization's workforce is located outside the organization's home state.	<input type="checkbox"/> Yes	Your organization is eligible.	No	Continue with statement 6.
6. There is no Alliance for Performance Excellence award program available for my organization.	<input type="checkbox"/> Yes	Your organization is eligible.	No	Continue with statement 7.

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-5 of 12

7. Between 2018 and 2021, my organization applied for the national Baldrige Award through the alternate method (option 8 below) and the total of the process and results bands assigned in the feedback report was 6 or higher.	<input type="checkbox"/> Yes	Your organization is eligible. Year:	No, my organization did not apply using this method. <input type="checkbox"/> My organization applied using this method, but did NOT receive a total of 6 or higher.	Continue with statement 8. Your organization is not eligible. Call 877-237-9064, option 3, if you have questions.
8. My organization will submit additional eligibility screening materials (i.e., a complete Organizational Profile and two results measures for each of the five Criteria results items). The Baldrige Program will use the materials to determine if my organization is eligible to apply for the award this year (as described in the fact sheet at Eligibility FAQs).	<input type="checkbox"/> Yes	The Baldrige Program will review the materials and contact your ECP after determining your eligibility.	No	Call 877-237-9064, option 3, if you have questions.

7. Award Category

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 (Education or Health Care) Criteria more appropriate.

For-Profit	Nonprofit
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Service	<input type="checkbox"/> Education
<input type="checkbox"/> Small business (≤ 500 employees)	<input type="checkbox"/> Health care
<input type="checkbox"/> Education	
<input type="checkbox"/> Health care	

b. Industrial classifications. In table below, 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.*

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Eligibility package due February 28, 2022

Award package due May 2, 2022

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-6 of 12

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 not use shading or color in the boxes.
- ☐ The chart is attached.
- c. The organization is _____ a larger parent or system. (Check all that apply.)

- ☐ not a subunit of (See item 6 above.) ☐ a subsidiary of ☐ controlled by ☐ administered by
- ☐ owned by ☐ a division of ☐ a unit of ☐ a school of ☐ other _____

Parent organization

Address

Total number of paid employees*

Highest-ranking official

Job title

Telephone

Paid employees include permanent, part-time, temporary, and telecommuting employees, as well as contract employees **supervised by the organization. Include employees of subunits but not of joint ventures.*

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.

- 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

Date

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

☐ Relevant portions of the document are attached.

- f. 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*

Eligibility package due February 28, 2022

Award package due May 2, 2022

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-7 of 12

and instruction, and academic program coordination/development.

9. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information requested here. You may group sites by function or location (city, state), as appropriate. Please include the total for **each column** (sites, employees/faculty/staff, volunteers, and products/services). If different sites are located on the same campus (e.g., medical building and acute care hospital), please indicate that in the “Sites” column. See the ABC HealthCare example below. If your organization has any joint ventures, please list and describe those in the second table below.

Please include a detailed listing showing all your sites. If your organization receives a site visit, an examiner team will use this information for planning and conducting its visit. 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 (ABC HealthCare)						
Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use “N/A” (not applicable).</i>	Relevant Products, Services, and/or Technologies		
	<i>Check one or more.</i> <input type="checkbox"/> Employees <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Volunteers (no. or N/A)	<i>Check one.</i> % of <input type="checkbox"/> Sales <input type="checkbox"/> Revenue <input type="checkbox"/> Budget			
	ABC Medical Center, Anytown, NY	1,232	147	77%	Admin. offices, inpatient care, ED, imaging services, lab	
	ABC Hospital West, West Anytown, NY	255	78	14%	Inpatient services, ED, lab	
	ABC Medical Group, Anytown, NY <i>Located on same campus as ABC Medical Center</i>	236	N/A	6%	Primary & specialty physician care	
	ABC Imaging Center, West Anytown, NY	11	N/A	1%	Imaging services	
	ABC Hospice Services, West Anytown, NY <i>Different location than ABC Hospital West and ABC Imaging Center</i>	94	89	1%	On- and off-site hospice services	
	ABC Urgent Care, West Anytown, NY	8	N/A	1%	Outpatient emergency and urgent care services	
	Total	6	1,836	314	100%	

Your Organization					
		Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use “N/A” (not applicable).</i>	
		<i>Check one or more.</i> <input type="checkbox"/> Employees <input type="checkbox"/> Faculty	Volunteers (no. or	<i>Check one.</i> % of <input type="checkbox"/> Sales <input type="checkbox"/> Revenue	
		Sites (U.S. and Foreign)		Relevant Products, Services, and/or Technologies	

Eligibility package due February 28, 2022

Award package due May 2, 2022

Malcolm Baldrige National Quality Award

Page E-8 of 12

	List the city and the state or country.	<input type="checkbox"/> Staff	N/A)	<input type="checkbox"/> Budget	
Total				100%	

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

Joint Ventures				
	Partner Organization	# of applicant employees included in joint venture	% Owned by the Applicant	Describe extent/level of operational and managerial responsibility your organization has for the joint venture.
Total				

List or briefly describe where necessary the following key business/organization factors (we recommend using bullets). 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)

Award package due May 2, 2022

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-9 of 12

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

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

--

e. Financial auditor

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

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

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Eligibility package due February 28, 2022

Award package due May 2, 2022

2022 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 07/31/2022

Page E-10 of 12

11. Nomination to the Board of Examiners

If your organization is eligible to apply for the Baldrige Award in 2022, you may nominate one senior member from your organization to the 2022 Board of Examiners.

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 150 hours from April to August, including approximately 50-55 hours from March to May to participate in Examiner Preparation, and 95-130 hours from June through August to complete virtual evaluation. If requested by the program, examiners also participate in a Site Visit Review of approximately five days.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

from our organization will serve on the 2022 Board of Examiners.

Email address

☐ I understand that if my organization is determined to be ineligible to apply for the Baldrige Award in 2022, this examiner nomination will not be considered for the 2022 Board of Examiners.

12. 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 2022 award process, my organization will no longer receive consideration for the award and will receive only a feedback report.

Signature of highest-ranking official	Printed name	Date

Eligibility package due February 28, 2022

Award package due May 2, 2022

13. Submission

To be considered for the 2022 award, your complete eligibility certification package *must be submitted electronically no later than* February 28, 2022.

To submit your Eligibility Certification package, request a link to NIST's secure file transfer system by emailing asqbaldrige@asq.org. Do not email your eligibility package directly to ASQ.

Do you authorize ASQ to return copies of your date-stamped eligibility forms (required to be included in your application package) via email? *If you check "no" below, the copies will be returned to you via the secure file transfer system.*

☐ Yes ☐ No

14. Fee

Indicate your method of payment for the \$400 eligibility certification fee.

☐ **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 by emailing asqbaldridge@asq.org and gaustin@asq.org. Please 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

Double-click on the PDF icon below to access ASQ's W-9. Contact ASQ at (414) 765-7205 with questions.



ASQ W9.pdf

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.

For Organizations Submitting Additional Eligibility Screening Materials (to meet the alternative eligibility condition no. 8 for question 6k; see the table on page E-4)

- ☐ I have enclosed a complete Organizational Profile.
- ☐ I have enclosed data for two results measures for each of the five Criteria results items.

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.

2. Fee

- ☐ I have indicated my method of payment for the nonrefundable \$400 eligibility certification 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.

3. Submission and Baldrige Examiner Nomination

- ☐ I am nominating a senior member of my organization to the 2022 Board of Examiners.
- ☐ I am not nominating a senior member of my organization to the 2022 Board of Examiners.
- ☐ I am emailing asqbaldridge@asq.org to request a link to NIST's secure file transfer system to upload my eligibility certification package.

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 <https://www.census.gov/naics/>.

Code Sector

111 Crop Production
112 Animal Production and Aquaculture
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
236 Construction of Buildings
237 Heavy and Civil Engineering Construction
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 Refrigeration Equipment Manufacturing
3335 Metalworking Machinery Manufacturing
3336 Engine, Turbine, and Power Transmission Equipment Manufacturing
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
339 Miscellaneous Manufacturing
423 Merchant Wholesalers, Durable Goods
424 Merchant Wholesalers, Nondurable Goods
425 Wholesale Electronic Markets and Agents and Brokers
441 Motor Vehicle and Parts Dealers
442 Furniture and Home Furnishings Stores

Eligibility package due February 28, 2022

Award package due May 2, 2022

443 Electronics and Appliance Stores
444 Building Material and Garden Equipment and Supplies Dealers
445 Food and Beverage Stores
446 Health and Personal Care Stores
447 Gasoline Stations
448 Clothing and Clothing Accessories Stores
451 Sporting Goods, Hobby, Musical Instrument, and Book 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
511 Publishing Industries (except Internet)
512 Motion Picture and Sound Recording Industries
515 Broadcasting (except Internet)
517 Telecommunications
519 Other Information Services
521 Monetary Authorities—Central Bank
522 Credit Intermediation and Related Activities
5221 Depository Credit Intermediation
5222 Nondepository Credit Intermediation
5223 Activities Related to Credit Intermediation
523 Securities, Commodity Contracts, and Other Financial Investments and Related Activities
5231 Securities and Commodity Contracts Intermediation and Brokerage
5232 Securities and Commodity Exchanges
5239 Other Financial Investment Activities
524 Insurance Carriers and Related Activities
525 Funds, Trusts, and Other Financial Vehicles
5251 Insurance and Employee Benefit Funds
5259 Other Investment Pools and Funds
531 Real Estate
532 Rental and Leasing Services
533 Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)
541 Professional, Scientific and Technical Services
551 Management of Companies and Enterprises
561 Administrative and Support Services
562 Waste Management and Remediation Services
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

Eligibility package due February 28, 2022

Award package due May 2, 2022

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
722 Food Services and Drinking Places
811 Repair and Maintenance
812 Personal and Laundry Services
813 Religious, Grantmaking, Civic, Professional, and Similar Organizations
814 Private Households
921 Executive, Legislative, and Other General Government Support
922 Justice, Public Order, and Safety Activities
923 Administration of Human Resource Programs
924 Administration of Environmental Quality Programs
925 Administration of Housing Programs, Urban Planning, and Community Development
926 Administration of Economic Programs
927 Space Research and Technology
928 National Security and International Affairs
999 Unclassified Establishments