

**Kentucky Award for Performance Excellence**

**Level Two Application Instructions**

Kentucky Center for Performance Excellence

Rev 031920v3

**Introduction**

Level Two participation and recognition in the Kentucky Award for Performance Excellence (KAPE) program is described in the Application Process Overview document, which can be downloaded from the KYCPE [https://www.kycpe.org/award-application](about:blank) ([www.kycpe.org](about:blank)). This document supplements the overview document by providing the detailed instructions and forms required to submit a Level Two Application.

**Instructions for Preparing and Submitting Your Level Two Intent To Apply Package**

Level Two applicants must complete and submit a Level Two Intent to Apply Package by 6/30/2020 so activities are not rushed before the end of the year when the written application is due.

The Intent to Apply package includes:

1) Copy of completed Intent to Apply Form (see the end of this document for this form)

2) Organizational Profile – provide a PDF version of the Organizational Profile as an email attachment (Microsoft Word allows you to “save as” a PDF document when working within Word). Organizational Profile questions can be found in the [Baldrige Excellence Builder](about:blank) on the Baldrige website and downloaded for free.

3) Intent to Apply Fee – see the table below

4) Send to:

*dsiders@ibmoore.com*

You may include your credit card information in the email containing your application as an attachment, or mail it to:

Kentucky Center for Performance Excellence

*Danny Siders*

212 Clinton Road

Lexington, KY 40502

Checks, credit card information or invoice requests should be mailed to this same address.

The Level Two application package must be submitted by 01/04/2021 for recognition at the next annual awards banquet.

**B Instructions for Preparing and Submitting Your Level Two Application**

After receiving the intent to apply package KYCPE will contact potential applicants and secure their agreement to participate in the process, and assist completion of the Intent to Apply if needed. An introductory call will take place to review the concepts and the completion of the Organizational Profile.  
  
Two senior representatives from KYCPE will visit the applicant before they start their application writing. These individuals will not be part of the applicant’s examiner team.

These representatives will provide a brief level 2 Criteria overview at the beginning of the first visit using the Level 2 Application Workbook (can be found on the kycpe.org website at [https://www.kycpe.org/award-application](about:blank)).  Over two 6 hour visits, these representatives will assist the applicant to start writing the application by filling in responses to some level 2 Criteria questions per the applicant’s communicated inputs. Information provided by representatives would consist of an explanation of what the various Criteria questions mean. Inputs from the applicant would be entered into the form in the applicant’s own words without any feedback or consulting being provided, other than explaining what the question meant. These representatives will be sensitive to what particular Criteria are of principal interest to a given applicant.

The captured responses would be provided to the applicant.   
The applicant would later add their responses to all level 2 questions per the instructions below.

**Final Application**

The following outlines the steps for preparing and submitting your Application Package. Remember, KyCPE must receive your Application Package by 1/04/21 for you to be included in the next annual awards banquet.

1. Complete your Criteria Responses Report

2. Provide a PDF version of the Organizational Profile and *Criteria Response Report as an email attachment.* ~~(~~Microsoft Word allows you to “save as” a PDF document when working within Word).

3. Assemble the Application report to include the following components:

i. Title Page

ii. Table of Contents

iii. Organizational Profile

iv. Criteria Response Report

4. Prepare your application fee (instructions are included in section B2, below).

5. Assemble the Application Packages as follows:

i. Copy of completed Application Form (see the end of this document for this form)

ii. Application Report – as PDF attachment *(no hard copy required)*

iii. Application fee

6. Send your Application Package as a PDF email attachment to: *dsiders@ibmoore.com*

The following options exist for payment. (1) enclosing a check with the application (2) entering credit card information on a separate file with the application (a separate file enables better security) or (3) checking a box indicating that they have paid through the website at <https://www.kycpe.org/award-application>.You may include your credit card information in this email. If not, mail your credit card information (name, number, expiration date, address for credit card, CV number) to:

Kentucky Center for Performance Excellence

*c/o Danny Siders*

212 Clinton Road

Lexington, KY 40502

Checks, credit card information or invoice requests should be mailed to this same address.

**B1 Instructions for Completing the   
Criteria Response Report**

Since your Criteria Response Report will be the only information used by the Examiners to review and evaluate your practices and results relative to the Criteria, it is essential that it accurately reflects your practices and results and be in a form that facilitates effective examiner review. Note that for scoring, results (Category 7) count for almost as much as the processes (Categories 1-6), so allocate page count appropriately. The following guidelines are in place to help you meet these objectives.

Organization of the Criteria Response Report

The Criteria Response Report should be organized using the same outline structure that is included in the Baldrige Criteria Booklet.

The Criteria Response Report must:

* Contain the same numerical and alphabetical designations for Categories, Items, and Areas to Address as the Baldrige Framework. (Applicants should denote responses to these Areas by underlining [e.g., 4.2a.] and/or using **bold** type for Item/Area);
* Respond at the criteria level that is appropriate to the application level.
* Include a short explanation regarding any Areas that do not pertain to the Applicant's organization or quality system.

Typing Instructions

The Criteria Response Report must:

* be typed on standard, 8-1/2 x 11-inch paper in an Arial font of 10 point minimum; and
* Use a single column, portrait orientation format. Pages may be printed on both sides. Type on pages (including pictures, graphs, figures, data tables, and appendices) must also meet these requirements for size and spacing. Use MS Word or equivalent.

**Page Limits**

**The length of the Application Report should fall within the following range (Organizational Profile pages are not counted in these limits):**

* Level 2 Application – 15 pages maximum and addresses each of the 7 categories

**B2 Instructions for Preparing  
 Application Fees**

Application fees vary depending on applicant membership status and organization size (based on number of employees). For fees please see the Table 1 below – KyCPE Application Fee Summary Table. (Next page).

**For answers to your questions** – please check our Website at KyCPE.org. If the information you require is not readily available, you can submit your questions using the contact us feature on the website, or you may contact Ken Maxik at (859) 608 – 2189 or [kjmaxik@gmail.com](about:blank)

|  |  |  |  |
| --- | --- | --- | --- |
| **KYCPE Application and Fee Summary Table**  **(Table 1)** | | | |
|  | Level 2  Commitment |  |  |
|  |  |  |  |
| Intent to Apply |  |  |  |
| Intent Fee | $150 |  |  |
| Intent Due | 6/30/2020 |  |  |
|  |  |  |  |
| Application Due | 1/04/21 |  |  |
| Application Fee | See Below |  |  |
| *1- 99 Employees* | Member $300  Non-Member $375 |  |  |
| *100 – 249 Employees* | Member $1,000  Non-Member $1,500 |  |  |
| *250 – 499 Employees* | Member $1,500  Non-Member $2,250 |  |  |
| *500 + Employees* | Member $2,000  Non-Member $3,000 |  |  |
| Organizational Profile | Required – 5 pages Maximum |  |  |
| Response to Criteria | 7 Categories  15 pages maximum |  |  |
| Site Visit | Required  Two six-hour pre-submission support visits. Travel expenses are reimbursed at actual incurred cost.  Post feedback visit, if requested, is billed on actual cost basis. |  |  |
| Recognition Eligibility | Commitment or Interest |  |  |
| Applicant Responsibilities | * Examiner for current year or following year |  |  |

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

**Intent to Apply Form (Level 2 Applicants) Receipt by 6/30/20**

**1. Applicant Organization Name & Address**

*Organization Name (as it would appear on an award)*

*Address*

*City County Zip*

**2. Applicant Parent or Headquarters Address** (if applicable)

*Address*

*City County Zip*

**3. Size and Locations *In Kentucky Outside Kentucky***

|  |  |  |
| --- | --- | --- |
| Total # of sites |  |  |
| Approximate # employees |  |  |

**4. Industry Sector**

Please check the sector that best describes your organization

Manufacturing Education Service

Government Health Care Nonprofit

**5. Industrial Classification**

Select up to three of the most descriptive 3 or 4 digit NAICS codes from the list included after this package

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

**6. Official Contact**

*Name*

*Title*

*Mailing address*

*Street address (no PO Box)*

*City County Zip*

*Telephone Fax*

*E-mail*

**7. Alternative Official Contact**

*Name*

*Telephone Fax*

*E-mail*

|  |
| --- |
| **8.Returning Applicant** Yes No |

If returning Applicant, indicate previous application years:

**9. Application Level**

Check Intended Application Level 2

Check Criteria being used

General Healthcare Education

**10. Enter a one-sentence description of your organization**:

**11. Highest Ranking Official**

*Name*

*Title*

*Address*

*City County Zip*

*Telephone*

*E-mail*

**12.** Please include the $150 Intent Fee (non-refundable) made payable to KyCPE. You may also provide credit card information or a request for an invoice along with your intent to apply. See section B-6 above for more information.

**Please read and sign:**

I state and attest that I have reviewed the information supplied in this Intent to Apply and the related Organizational Profile. To the best of my knowledge, no untrue statement or omission of a material fact has been made in this application package. Based on the information herein and the current eligibility requirements for the Kentucky Center for Performance Excellence Award, my organization is eligible to apply. I understand if information is found that disqualifies our organization from participation in the Award Process at any time during the cycle, we will no longer receive consideration for the Award and will only receive a Feedback Report.

*Signature (electronic signature acceptable) Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION Form (Level 2 Applicants) Receipt by 1/4/21**

**1. Applicant Organization Name & Address**

*Organization Name (as it would appear on an award)*

*Address*

*City County Zip*

**2. Applicant Parent or Headquarters Address** (if applicable)

*Address*

*City County Zip*

**3. Size and Locations *In Kentucky Outside Kentucky***

|  |  |  |
| --- | --- | --- |
| Total # of sites |  |  |
| Approximate # employees |  |  |

**4. Industry Sector**

Please check the sector that best describes your organization

Manufacturing  Education  Service

Government  Health Care  Nonprofit

**5. Official Contact**

*Name*

*Title*

*Mailing address*

*Street address (no PO Box)*

*City County Zip*

*Telephone Fax*

*E-mail*

**6. Alternative Official Contact**

*Name*

*Telephone Fax*

*E-mail*

**7. Application Level**

Check Intended Application Level  2

Check Criteria being used

General  Healthcare  Education

**8. Application Fee:**

An application fee is required for all award level applications and is based on the workforce size and KyCPE membership status. Please see the Table 1 above to determine your fee.

Application fee:

Site Visit fee (if any)

Total Fee:

Please send me information relative to becoming a member.

**9. Highest Ranking Official**

*Name*

*Title*

*Address*

*City County Zip*

*Telephone*

*E-mail*

**Please read and sign:**

I state and attest that I have reviewed the information supplied in this Intent to Apply and the related Organizational Profile. To the best of my knowledge, no untrue statement or omission of a material fact has been made in this application package. Based on the information herein and the current eligibility requirements for the Kentucky Center for Performance Excellence Award, my organization is eligible to apply. I understand if information is found that disqualifies our organization from participation in the Award Process at any time during the cycle, we will no longer receive consideration for the Award and will only receive a Feedback Report.

If our organization applies at a level 2 award for the 2021 cycle:

1. We will make available a minimum of one examiner to support the 2021 cycle.

*Signature (electronic signature acceptable) Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_*

North American Industry Classification System (NAICS) Codes

Code Sector

111 Crop Production

112 Animal Production

113 Forestry and Logging

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

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

334 Computer and Electronic Product Manufacturing

335 Electrical Equipment, Appliance 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

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, 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

Code Sector

511 Publishing Industries (except Internet)

512 Motion Picture and Sound Recording Industries

515 Broadcasting (except Internet)

516 Internet Publishing and Broadcasting

517 Telecommunications

521 Monetary Authorities — Central Bank

522 Credit Intermediation and Related Activities

523 Securities, Commodity Contracts and Other Financial Investments and Related Activities

524 Insurance Carriers and Related Activities

525 Funds, Trusts and Other Financial Vehicles

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 (select one of the following)

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 (select one of the following)

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

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, 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