

ELIGIBILITY DETERMINATION

Eligibility Form

Applicant

Organization Name: Lake Washington Technical College _____

Address: 11605 132nd Ave. NE, Kirkland, WA 98034-8506 _____

Sector

Check appropriate box to indicate sector and organization size.

For Profit

Not for Profit

Healthcare

Government

Education

Government

212 Number of Employees

Criteria Selected by applicant (see Criteria for Performance Excellence above):

Criteria for Performance Excellence

Healthcare

Education

Application Level

Application Fee (see fee table) to be submitted with application

Assessment

\$300 Desired submission date of application: January 1 April 1 July 1 October 1

Examination

_____ (refer to fee table in Examination Application)

Applicant Headquarters

Indicate if the applicant's headquarters are located in the State of Washington. If the headquarters are not in Washington, please provide a brief explanation.

Yes

No

Applicant Size and Site Locations

Percent of Employees Located in the State of Washington 100%

Total Number of Sites: 2 Sites

List a brief description and complete address for each site.

Redmond Campus and Kirkland Campuses _____

Kirkland Campus Address: 11605 132nd Ave. NE, Kirkland WA 98034-8506

Redmond Campus Address: 6505 676th Ave. NE, Redmond, WA 98052-4943

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Subsidiary Organizational Unit or Division

Indicate if the applicant is a unit, division, or other component of a larger parent organization. If the applicant is part of a larger parent organization, complete each of the additional items in this section.

- Yes, applicant is part of a larger parent organization
- No, applicant is not part of a larger parent organization

Parent Organization Name _____

Address _____

Highest Ranking Official of Parent Organization _____

Title _____

Telephone Number _____

Indicate if other units within the parent organization offer similar products or services. If other units do offer similar products or services, please provide a brief explanation.

- Yes
- No

Briefly describe any major business support functions that are provided to the applicant by the parent organization.

Highest Ranking Applicant Official in the State of Washington

Name _____

Title _____

Address _____

Telephone Number _____

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Official Contact Person

Name: Dr. Ray Nadolny, Ph.D. _____ Title: VP, Institutional Advancement
Address: 11305 132nd Ave. NE, Kirkland, WA 98034-8506 _____
Telephone Number: 425-739-8383 _____ Fax Number: 425-739-8301
E-mail: ray.nadolny@lwtc.edu _____

Fee

Enclosed is \$150.00 to cover the eligibility fee. Make the check or money order payable to:
Washington State Quality Award.

Ethics

Answering "yes" to any of the following questions requires further explanation; however, this does not imply that the applicant will be automatically disqualified. Provide supporting explanations on a separate page that is included with this Eligibility Determination Form. A member of the Panel of Judges may contact the applicant for additional information

Has the applicant been fined during the past five years for violating environmental laws?

Yes No

Have any of the applicant's senior executives/corporate officers been convicted of a felony during the past three years?

Yes No

Has the applicant been fined for income tax delinquency during the past three years?

Yes No

Is the applicant currently in the process of bankruptcy proceedings?

Yes No

Has your organization been convicted, settled or received sanctions or adverse actions under law (including malpractice, fraud, etc.) regulations, accreditation or contract in the past 3 years?

Yes No

Are you aware of anything about your organization that would bring embarrassment upon the Washington State Quality Award or the Governor if your organization was to be publicly recognized?

Yes No

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Disclosure and Release Statement

I attest that the information provided in this Eligibility Determination Form and the Application to be provided is accurate and true to the best of my knowledge. Full disclosure of any circumstances that may negatively affect the award has been made with the submission of the Eligibility Determination Form. I understand that the Award program may verify this information, and that untruthful or misleading information may result in forfeit of the award.

I also understand that members of the Washington State Quality Award Board of Examiners will review this application. I agree to host the examiner team and facilitate open and unbiased evaluation of our organization, if we are selected for a site visit. I understand that our organization will be responsible for paying all reasonable travel and related expenses for the site evaluation team.

I also understand that with the submission of our application, our organization commits to providing at least one individual from our organization as an examiner in at least one of the following application cycles: the year prior to our application, this application year or the next application year.

Signature of Authorized Organization Official

Date

Printed Name: L. Michael Metke, Ed.D. _____

Title: President _____

Address: 11605 132nd Avenue NE, Kirkland, WA 98034-8506 _____

Telephone Number: 425-739-8200 _____

Remember to submit the 8 copies or CDs of the application and the application fee must be submitted within 1 calendar year of the Eligibility form submittal.

Send these documents to:

Washington State Quality Award
P.O. Box 609
Keyport, WA 98345