



# 2024-2025 Sterling Collaborative Assessment Application of Intent

(Please type and make a copy for your records)

**1. Applicant Organization (including Division Name) as you want listed on the Feedback Report and recognition, as appropriate.**

Official Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**2. Highest Ranking Official**

Name (Mr. Ms. Dr.): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

**Official Representative for Correspondence:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Sector Category (please check one)**

Manufacturing    Service    Education    Health Care    Nonprofit (Government)

**4. Size and Location of Applicant**

Number of sites included in the application: \_\_\_\_\_

Total of Full-Time employees for the application: \_\_\_\_\_

