



PHILIPPINE QUALITY AWARD

1 Applicant

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

Other Name \_\_\_\_\_

Prior Name \_\_\_\_\_

Address of Headquarters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant officially or legally existed for at least three (3) years?

(Check one.) \_\_\_ Yes \_\_\_ No (Briefly explain.)

\_\_\_\_\_

Attach a line and box organizational chart for the applying organization.

2 Highest-Ranking Official

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

3 For-Profit Designation

Is the applicant a for-profit business?

(Check one.) \_\_\_ Yes \_\_\_ No

4 Size and Location of Applicant

a. Revenue/Sales/Budget preceding fiscal year (Check one.)

\_\_\_ < P15M \_\_\_ P15M-P60M

\_\_\_ P60M-P100M \_\_\_ P100M-P500M

\_\_\_ P500M-P1B \_\_\_ > P1B

b. Assets preceding fiscal year (Check one.)

\_\_\_ < P15M \_\_\_ P15M-P60M

\_\_\_ P60M-P100M \_\_\_ P100M-P500M

\_\_\_ P500M-P1B \_\_\_ > P1B

c. Number of sites in Philippines \_\_\_\_\_

Overseas \_\_\_\_\_

d. Total Number of Employees \_\_\_\_\_

e. Percent employees in the Philippines \_\_\_\_\_

f. Percent physical assets in Philippines \_\_\_\_\_

5 Award Category (Check one.)

Private Organization [ ( ) Small / ( ) Medium / ( ) Large Enterprise ]

\_\_\_ Manufacturing \_\_\_ Service

\_\_\_ Agriculture \_\_\_ Other Industry

\_\_\_\_\_  
(Please specify)

Public Organization

\_\_\_ National Line Agency \_\_\_ Local Gov't Unit

\_\_\_ Government-Owned \_\_\_ State Universities and Colleges and Controlled Corp.

\_\_\_ Other Government Agencies

\_\_\_\_\_  
(Please specify)



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**6 Site Listings and Descriptions**

a. Address of Site	b. Relative Size -- Percent of Applicant's	c. Description of Products, Programs or Services
Employees	Revenue/Budget	

Provide all the information for each site except where multiple sites produce similar products or services.



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7 Business Factors

Provide a brief description of the following key business factors:

a. Nature of applicant's business (products, services, and technologies); conclude with a list of key "competitors".

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

b. Nature of major markets (local, regional, national, and international); conclude with a list of key customers.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

c. Importance of suppliers, dealers, distributors, and franchises; conclude with a list of key suppliers.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

8 Sub-Unit Designation

Is applicant a subsidiary, business unit, division, or like organization of a larger parent organization? (Check one.)

\_\_\_ Yes (continue) \_\_\_ No (go to item 9.)

a. Parent Organization

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest Official \_\_\_\_\_

Title \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Number of worldwide employees of the parent \_\_\_\_\_

b. Does the applicant comprise over 25 percent of the worldwide employees of the parent? (Check one.)

\_\_\_ Yes \_\_\_ No \_\_\_ N/A

c. If the parent is a holding company, did the applicant operate as an independent company prior to acquisition? (Check one.)

\_\_\_ Yes \_\_\_ No \_\_\_ N/A

d. Is the applicant's parent or another subunit of the parent intending to apply? (Check one.)

\_\_\_ Yes (Briefly explain.) \_\_\_ No
\_\_\_ Don't know



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e. Name the document supporting the subunit designation.

Four horizontal lines for text entry.

Include a copy of the document with this form.

f. Briefly describe the organizational structure and management links to the parent.

Four horizontal lines for text entry.

g. Do other units within the parent provide similar products or services? (Check one.)

\_\_\_ Yes (Briefly explain.) \_\_\_ No

Four horizontal lines for text entry.

If "Yes", also explain how the applicant is distinguishable from the parent and its other subunits.

Four horizontal lines for text entry.

h. Briefly describe the major business support functions provided to the applicant by the parent or by other subunits of the parent.

Four horizontal lines for text entry.

9 Other Requirements

a. Is the applicant company complying with the relevant statutory and regulatory requirements (BIR, SSS, GSIS, DENR, DOLE, SEC)

\_\_\_ Yes \_\_\_ No \_\_\_ N/A

b. Does the applicant company have employee/s trained in PQA Application Development?

\_\_\_ Yes \_\_\_ No \_\_\_ N/A

c. Has the applicant conducted an internal assessment based on the relevant PQA Criteria?

\_\_\_ Yes \_\_\_ No \_\_\_ N/A

(If "Yes", results of internal assessment should be presented to the Award Administrator when applying for eligibility.)



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10 Official Contact Person

Name
Title
Mailing Address
Telephone No.
Fax No.
E-mail

11 Signature, Authorizing Official

Date
Signature
Name
Title
Address
Telephone No.

NOTE: Future Eligibility Restrictions

1. If an organization or subsidiary that has more than fifty percent (50%) of the total employees of the parent company receives the Philippine Quality Award for Performance Excellence, the organization and all its subsidiaries are ineligible to apply for another award for a period of three (3) years.

- 2. If a subsidiary receives the Philippine Quality Award for Performance Excellence, that subsidiary and a subsidiary of all its subsidiaries are ineligible to apply for another award for a period of three (3) years.
3. Applicants are eligible to reapply on the second year from its application.

DO NOT WRITE BELOW THIS LINE

Eligibility Determination

- Private Organization: ( ) Small, ( ) Medium, ( ) Large Enterprise
Public Organization: [ ] National Line Agency, [ ] Government-Owned and Controlled Corp., [ ] Local Gov't Unit, [ ] State Universities/Colleges, [ ] Other Government Agency
[ ] Manufacturing, [ ] Service, [ ] Agriculture, [ ] Other Industry
[ ] Ineligible

Award Administrator
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