

**LETTER OF INTENT TO APPLY**

***ACOEM must receive this form along with your non-refundable deposit of \$500 no later than June 15. (Balance due with completed application.)***

Yes, our organization plans to submit an application for the Excellence in Corporate Health Achievement Award for \_\_\_\_\_ (year applying).

Date \_\_\_\_\_

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Contact Person (if different from Medical Director)

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

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

\_\_\_\_\_  
Signature

Mail this form with your \$500 deposit payable to ACOEM eCHAA by June 15 to:

ACOEM Lockbox  
P.O. Box 1205  
Bedford Park, IL 60499-1205

***Please reference eCHAA Application Fee on check.***



**BASIC INFORMATION ABOUT YOUR ORGANIZATION**

**Applicant Organization or Division Name:**

\_\_\_\_\_

Is this a subsidiary of a larger corporation?

- Yes
- No

If yes, parent organization name:

\_\_\_\_\_

**Organization Type – with 250 or more employees (check one):**

- Manufacturing\*
- Service\*
- Government

*\*Please note: Where an applicant is both a manufacturer and a service provider, if 20% or more of the gross revenues comes from manufacturing, the organization is considered a manufacturer.*

**Organization Status (check one):**

- For-profit organization
- Non-profit organization
- Government organization

Number of Employees (include contract employees) \_\_\_\_\_

Number of Locations (approximate population in each) \_\_\_\_\_

Please provide a brief description of your organization: (Include willingness to provide details in the application if there has been a major health and safety or environmental infraction within the last 10 years. This information will be held in confidence by ACOEM.):

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