



# DoD Office of Small Business Programs

Rotational Excellence Program Application Form

## Rotational Excellence Program Application Form

### APPLICATION PROCESS

To apply for acceptance into the Rotational Excellence Program, the applicant must attach a current resume and submit an application package to:

#### MAILING ADDRESS:

DoD OSBP  
Attn: Rotational Excellence Program  
4800 Mark Center Drive  
Suite 15G13 - East Tower  
Alexandria, VA 22350

E-MAIL (preferred): [osd.osbp.rotationalexcellenceprogram@mail.mil](mailto:osd.osbp.rotationalexcellenceprogram@mail.mil)

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### APPLICANT INFORMATION

APPLICANT'S NAME (First Name, MI, Last Name):

PERMANENT TITLE, SERIES, AND GRADE:

ORGANIZATION AND MAILING ADDRESS:

WORK PHONE:

HOME PHONE:

FAX NUMBER:

E-MAIL ADDRESS:

ROTATION STARTING DATE (preferred):

DURATION OF TIME YOU CAN COMMIT TO ROTATIONAL ASSIGNMENT (90 to 120 days):

INDICATE 'YES' IF YOU ARE OUTSIDE OF THE DC METRO AREA AND WILL REQUIRE DOD OSBP TO FUND TRAVEL AND TDY COSTS, OTHERWISE INDICATE 'NO'? <sup>1</sup>



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**BRIEFLY RESPOND TO EACH OF THE FOLLOWING:** (not more than 500 characters each question)

1. State which Small Business Program area you are interested in working on (i.e., subcontracting, workforce development, socio-economic programs, policy, mentor-protégé, outreach, SBIR/STTR, compliance or Indian Incentive Program). List any training, education, work group, small business advocacy, or previous or current job experience you possess specifically related to the program you choose, and how this experience will contribute to the DOD OSBP organization during your rotational assignment.

2. List examples of leadership, communication, written or data analysis skills, that you possess which would be beneficial to the OSPB office. Examples such as when you “set the stage” for change (i.e. developed a new process or procedure), took the lead on a difficult project with a tight deadline, a significant presentation you gave and who the audience was, a time where you were responsible for creating a project team in order to accomplish work, etc.



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3. Why do you want to participate in the rotation program?

**SUPERVISOR INFORMATION:**

**SUPERVISOR'S NAME:**

**TITLE:**

**WORK PHONE:**

**E-MAIL ADDRESS:**

**SUPERVISOR'S COMMENTS/RECOMMENDATION:**



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After the above information has been filled out, print the form and sign below <sup>2</sup>

**PARTICIPANT'S SIGNATURE:**

**DATE:**

**SUPERVISOR'S SIGNATURE:**

**DATE:**

**ORGANIZATION/COMPONENT POC APPROVAL:**

**DATE:**

**NOTE:**

<sup>1</sup> DoD OSBP funding is not available for salary expenses and must be covered by the participant's organization. Travel and per diem expenses will be funded by OSBP only if the participant is outside of the DC metro area.

<sup>2</sup> Check if your organization requires applicants to go through a designated POC in addition to obtaining supervisor signature.



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## ADDITIONAL COMMENTS: