



APPLICATION FOR CONSULTING SERVICES

Date of Application: _____

Organization: _____

Executive Director: _____

Contact Name: _____

Contact Title: _____

Organization Address: _____

City: _____ St. _____ ZIP: _____

Phone: _____ Fax: _____

Contact E-Mail: _____

Organization Website: _____

Tax ID Number: _____ Tax Registration Date: _____

Total Annual Budget _____ Total Operating Costs: _____

Percent of expenses by: Program - _____ % Fundraising - _____ % Administration - _____ %

Number Individuals Served Annually: _____ Number of Staff: _____

Your Needs for Consulting Services:

- Financial Management
- Human Resource Management
- Strategic Planning
- Marketing & Communications
- Board Development

(Continue on Next Page)

Please answer the following questions about your organization and needs:
(use additional pages if necessary)

1. What are your organization's Mission, Goals & Objectives? *(Max 100 Words)*

2. What are the major services provided by your organization and what are the anticipated outcomes?

3. Describe and prioritize your need(s) – *please be as specific as possible:*

4. What are your expectations for the consulting process?

5. Describe how you propose working with the Consultant during this process:

6. Have you received help in the past for your identified need(s)? Yes No
7. If yes, please describe the nature of the help and how you and/or your organization used the help.

8. What else would you like us to know about your organization that could help us in the selection process?

Mail, Fax or E-mail completed form and resume to:

Frank Mittin, Director of Nonprofit Resources
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A program of:

