

Client Intake Form

Business Consultation Services - Business Development

Contact Information:

- Full Name:

- Company Name:

- Position/Title:

- Email Address:

- Phone Number:

- Mailing Address:

Business Overview:

- Briefly describe your business or organization:
- What industry does your business operate in?
- How long has your business been operating?
- What is the size of your business (e.g., number of employees, annual revenue)?

Business Goals and Challenges:

- What are your primary business goals and objectives?

- What challenges or obstacles are you currently facing in achieving these goals?

Services Required:

Please select the specific areas where you require assistance: (Check all that apply)

- Market research and analysis
 - Strategic planning
 - Branding and digital marketing
 - Sales and customer acquisition
 - Financial planning and forecasting
 - Operations and process improvement (business plan)
 - Website development and design
 - Other (please specify):
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Current Business Strategies:

- Describe any existing strategies or initiatives you have implemented to achieve your business goals.

Desired Outcomes:

- What outcomes or results do you expect from our business development services?

Budget and Timeline:

- Do you have a specific budget allocated for business development consulting?

- What is your desired timeline for implementing the recommended strategies?

Additional Information:

- Please provide any additional information that you think would be helpful for us to know.

Client Intake Form

Business Consultation Services - Grant Writing

Contact Information:

- Full Name:

- Organization Name:

- Position/Title:

- Email Address:

- Phone Number:

- Mailing Address:

Organization Overview:

- Briefly describe your organization's mission and purpose:

- What type of organization are you (e.g., nonprofit, for-profit, government entity)?

- How long has your organization been in operation?

- Are you a registered nonprofit organization (Location)?

- If applicable, please provide your organization's Tax ID or EIN:

Grant Writing Goals and Challenges:

- What specific grant funding opportunities are you seeking?

- What challenges or obstacles are you currently facing in securing grant funding?

Services Required:

- Please select the specific areas where you require assistance: (Check all that apply)
 - Grant research and identification
 - Proposal writing and development
 - Budget planning and financial projections
 - Grant application submission
 - Grant reporting and compliance

Other (please specify):

Previous Grant Experience:

- Have you applied for grants in the past? If yes, please provide details of any successful grant applications.

Desired Outcomes:

- What outcomes or results do you expect from our grant writing services?

Budget and Timeline:

- Do you have a specific budget allocated for grant writing services?

- What is your desired timeline for submitting grant applications?

Additional Information:

- Please provide any additional information that you think would be helpful for us to know.