



## Consultant Questionnaire

### General Information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone number Fax number Website

Primary contact \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
e-mail address

Secondary contact \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
e-mail address

Federal Tax ID or Social Security Number \_\_\_\_\_

Is the organization: minority-owned? Yes No

Woman-owned? Yes No

Year Established \_\_\_\_\_

Number of Employees \_\_\_\_\_

### Nature of Organization:

- Private or public company engaged primarily in providing consulting services to business and industry
- Community college
- 4-year college or university
- Other education or training organization
- Economic development agency
- Professional or trade organization
- Federal lab
- Other [please specify:] \_\_\_\_\_

**Clients:** How many active clients does your organization currently service? \_\_\_\_\_

**Insurance:** Do you have professional liability insurance or the equivalent?      Yes    No

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Expiration

*Please attach certificate of insurance, if applicable.*

**Professional Fees:** Describe your fee structure or attach a fee schedule: \_\_\_\_\_

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

**Services and Expertise:** Please indicate the general category below that best describes the services your organization most often provides to manufacturers:

- |   |   |
|---|---|
| <input type="checkbox"/> Management consulting  | <input type="checkbox"/> Engineering services                 |
| <input type="checkbox"/> Training Services      | <input type="checkbox"/> Software development and application |
| <input type="checkbox"/> Other: (specify) _____ |   |

Please provide a brief summary of your expertise and capabilities: \_\_\_\_\_

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

Would you be willing to provide **FREE** informational seminars on your services?    Yes    No

Please rank, in order of importance, the top five areas, which best describe your expertise:

- |  |   |
|--|---|
| <input type="checkbox"/> CAD/CAM/CAE (A)                 | <input type="checkbox"/> Material Engineering (J)         |
| <input type="checkbox"/> EDI/Communication/LAN (B)       | <input type="checkbox"/> Process Improvement (K)          |
| <input type="checkbox"/> Business Systems/Management (C) | <input type="checkbox"/> Product Development & Design (L) |
| <input type="checkbox"/> Environmental (D)               | <input type="checkbox"/> Human Resources (M)              |
| <input type="checkbox"/> Quality/Inspection/ISO (E)      | <input type="checkbox"/> Other (specify) (N) _____        |
| <input type="checkbox"/> Plant Layout/Mfg Cells (F)      | <input type="checkbox"/> General (O)                      |
| <input type="checkbox"/> Automation/Robotics (G)         | <input type="checkbox"/> Financial (P)                    |
| <input type="checkbox"/> Control Systems/Integration (H) | <input type="checkbox"/> Strategy Development (Q)         |
| <input type="checkbox"/> Market Development (I)          | <input type="checkbox"/> Sales Development (R)            |

**Industry Focus:** What types of clients do you typically serve? Please indicate companies by industry, size, sales, or other relevant area.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_

**References:** Please identify references that you have worked with within the last 3 years.

**REFERENCE #1**

\_\_\_\_\_  
Company Name website

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Contact Name Title Phone number

Brief description of services provided and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE #2**

\_\_\_\_\_  
Company Name website

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Contact Name Title Phone number

Brief description of services provided and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE #3**

\_\_\_\_\_  
Company Name website

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Contact Name Title Phone number

Brief description of services provided and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

Please attach any additional materials that will help us understand your qualifications for manufacturing extension work.

- Resume(s)
- Letter(s) of reference
- Work sample(s)
- Brochure or other marketing materials
- Standard statement of qualifications

**Prepared by: Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**DISCLAIMER**

The Industrial Modernization Center, Inc. in no way implies or guarantees the consultant will be contacted to provide services after completion/submission of this form. This registration will remain active for two years. Additionally, contractors will be contractually obligated to comply with IMC's Conflict of Interest Policy if a project is originated.