



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 _____

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:

Management consulting

Engineering services

Training services

Software development and application

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:

___ CAD/CAM/CAE (A)

___ Material Engineering (J)

___ EDI/Communication/LAN (B)

___ Process Improvement (K)

___ Business Systems/Management (C)

___ Product Development & Design (L)

___ Environmental (D)

___ Human Resources (M)

___ Quality/Inspection/ISO (E)

___ Other (specify) (N) _____

___ Plant Layout/Mfg Cells (F)

___ General (O)

___ Automation/Robotics (G)

___ Financial (P)

___ Control Systems/Integration (H)

___ Strategy Development (Q)

___ Market Development (I)

___ 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. _____

4. _____

2. _____

5. _____

3. _____

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)

Brochure or other marketing materials

Letter(s) of reference

Standard statement of qualifications

Work sample(s)

Prepared by: Name _____

Title _____

Date _____

DISCLAIMER

The Innovative Manufacturers' 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.