

Request for Services

Contact Person: _____
 Organization: _____
 Address: _____

 E-Mail: _____

Title: _____
 Executive Director: _____
 Board Chair: _____
 Phone: _____
 Fax: _____
 Web Site: _____

Mission Statement: _____

Major Programs and Activities: _____

Organizational Overview:

Annual Budget	_____
Staff Size	_____
Number of Volunteers	_____
Board Size	_____
Fiscal Year End	_____

What kind of services are you seeking?

Consulting:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Strategic Planning <input type="radio"/> Financial Management <input type="radio"/> Business Planning <input type="radio"/> Board Development <input type="radio"/> Fund Development Planning <input type="radio"/> Executive Transitions | <ul style="list-style-type: none"> <input type="radio"/> Collaboration Planning <input type="radio"/> Human Resource Management <input type="radio"/> Technology <input type="radio"/> Custom Training <input type="radio"/> Other: _____
_____ |
|--|--|

Diagnostic Assessment:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Organizational Effectiveness <input type="radio"/> Development Audit <input type="radio"/> Financial Assessment <input type="radio"/> Technology Assessment | <ul style="list-style-type: none"> <input type="radio"/> Other: _____
_____ |
|--|--|

As specifically as possible, describe the assistance you need:

Please list objectives and measures that could be used to evaluate the success of the project:

Are you currently receiving, or have you received technical assistance during the past two years?

- Yes
- No

If yes, please describe the nature of the assistance and who provided it:

Who prompted you to seek the Center's assistance? _____

How did you learn about the Center? _____

Authorized by:

Chairman/Board President

Executive Director

Name

Name

Date

Date

To complete this request, please send a copy of the following documents:

1. List of Board of Directors and its Committees
2. Financial statement for the most recent fiscal year
3. Operating budget for current fiscal year
4. IRS 501(C)(3) Designation Letter
5. Brochures and other materials describing your services and programs

Return Request for Services Form and Documentation to:

Peggy Morrison Outon, Executive Director

Bayer Center for Nonprofit Management at Robert Morris University

718 Fifth Avenue

Pittsburgh, PA 15219

Phone: 412-397-6814

Fax: 412-397-4097