



REQUEST FOR ASSISTANCE

CONFIDENTIAL

Please fill out and return to:

The Executive Service Corps of Cincinnati

10921 Reed Hartman Highway, Suite 200, Cincinnati, Ohio 45242

Fax #: 513-791-6267 E-Mail: ESCCDirector@cinci.rr.com



Date: _____

Organization Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Purpose of organization and clients served:

Year founded: _____ Is organization certified nonprofit? *YES / NO*

Director: _____ Board President: _____

Person with whom ESCC will be working: _____

Title: _____ Is he/she aware of this request? *YES / NO*

Are the following also aware? Executive Director: *YES / NO* Board President: *YES / NO*
Board: *YES / NO*

	<u>Budget for Current Year</u>	<u>Actual from Previous Year</u>
Revenue sources		
Contribution	\$ _____	\$ _____
Foundation Grants	\$ _____	\$ _____
Government Income	\$ _____	\$ _____
Special Events	\$ _____	\$ _____
Program Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
 Expenses		
Administrative Costs	\$ _____	\$ _____
Fundraising Fees	\$ _____	\$ _____
Program Costs	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

	<u>Full Time</u>	<u>Part Time</u>
Number of Paid Employees	_____	_____
Professionals (include management)	_____	_____
Office staff/clerical support	_____	_____
Other	_____	_____
Total	_____	_____
Number of Volunteers	_____	_____

Describe the assistance needed. Be specific and include information to help us understand your situation.

Describe the areas of experience in ESCC consultants:

Estimate the time required by consultants: _____

Indicate the date assistance is needed and any significant time constraints:

Describe any issues or problems that may affect ESCC's efforts:

What end result do you expect? _____

How did you hear of ESCC? _____

Additional Comments:

In consideration of the consulting, I waive all claims arising therefrom against the consultant (s) and the Executive Service Corps of Cincinnati

Title

 ESCC Office use only

Project # - _____

Project Manager Assigned - _____ Date _____

Consultant - _____ Consultant - _____ Consultant - _____