

**Technical Assistance Network
Consultant Information Form**

Please complete the following form and attach it to your completed Request for Proposal. Be as specific as possible.

CONTACT INFORMATION

Name _____

Company Name _____

Address _____

Phone _____ Email Address _____

EXPERIENCE/AREAS OF EXPERTISE

Summary of Experience (including education, former employment, and industry focus)

Areas of Expertise (i.e. Budgeting, Finance, Accounting, Marketing, Information Technology)

(Please Complete Other Side)

**Technical Assistance Network
Consultant Information Form (continued)**

FEE SCHEDULE (Provide hourly consulting fee schedule)

AVAILABILITY (Provide detailed information about your availability to provide consulting services through the Technical Assistance Program)

REFERENCES

Name: _____

Phone: _____ Email: _____

Relationship: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____