**Community Memorial Foundation**

**Capacity Building Grant Application**

**Consultant Interview Information**

Organization Name:

Capacity Building Project:

Request Amount: $\_\_\_\_\_\_\_\_\_\_\_

*If a professional consultant or advisor is to be hired, Community Memorial Foundation requires that your organization* *call and interview at least three consultants to discuss what the organization wants to accomplish and the terms of the proposed work agreement or contract. An organization may discuss potential consultants with Foundation staff prior to submission of the application. However, Foundation suggestions should not be construed as an endorsement of the capabilities of the consultant.*

Name of Consultant #1:

Company Name (if any):

Address:

Telephone Number:

Cost per Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of hours required:

Cost per Diem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of days required:

Result of Contact:

Name of Consultant #2:

Company Name (if any):

Address:

Telephone Number:

Cost per Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of hours required:

Cost per Diem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of days required:

Result of Contact:

Name of Consultant #3:

Company Name (if any):

Address:

Telephone Number:

Cost per Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of hours required:

Cost per Diem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of days required:

Result of Contact:

**Community Memorial Foundation**

**Capacity Building Grant Application**

**Consultant Retaining Information**

Organization Name:

Capacity Building Project:

Request Amount: $\_\_\_\_\_\_\_\_\_\_\_

Consultant Selected:

Why did you select this consultant?

List the names of three references provided to you by the consultant:

a)

b)

c)

Proposed Date to Begin Capacity Building Project:

Proposed Completion Date: