



Connecting Northern Michigan nonprofits with new ideas, resources and each other.

Northsky Consultant Network Application

Consultant Information

Applicant's Name:				
Title:				
Organization's Name:				
Address:				
City		State:		Zip Code:
Telephone:		Fax:		E-mail:
Year Established:			Website:	
Your (or your organization's) mission or values:				
Area served:	Regional	Statewide	Midwest	National
What percent of your workload is in the nonprofit sector?				



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Area of expertise and years of experience (check all that apply):

	# Years		# Years
Board Development		Marketing and Communications	
Business Development		Meeting Facilitation	
Database/Information Systems Dev.		Needs Assessment (including Governance Training)	
Environmental Assessment		Org. Capacity Assess.	
Evaluation		Program Development	
Executive Leadership Development		Resource Diversification	
Executive Transition		Strategic Planning	
Financial Management		Strategic Structuring	
Fund Development		Succession Planning	
HR Planning		Volunteer Recruitment & Management	
Information Technology		Website Development	
Legal/Liability		Other (Specify):	

Do you have significant experience or expertise in working with specific sub sectors? (check all that apply)

	# Years		# Years
Arts/Culture/Humanities		Environmental/Land Use	
Health/Human Services		Animal/Human Rights	
Education		Sports/Recreation	
Research		Government	
Religious/Faith Based		Business Community	
International		Foundation	

Provide an example of how you remain current in your area of expertise.



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Provide information that describes your ability to serve or your experience with diverse populations and organizations. (Fifty words or less.)

Do you? (check all that apply)

Speak:	<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other (specify)
Read:	<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other (specify)
Write:	<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other (specify)

Comments about your organization or experience. (Fifty words or less). *Optional*

Memberships:
Accreditations:
Professional Distinctions/Recognition:



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Please list three references from nonprofits that have been your clients.

Potential clients and/or NorthSky Nonprofit Network staff may contact these references:

Organization Name:		
Contact Name:		
Contact Title:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	E-mail:
Service provided by consultant:		
Dates consultant was under contract:		

Organization Name:		
Contact Name:		
Contact Title:		
Address:		
City:	State:	Zip Code:
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Please **SAVE** this completed application to your computer before submitting.

If, when you click on SUBMIT, it asks you to save the file to your computer, please do so and then manually attach it to an email addressed to: fbradford@northskynonprofitnetwork.org

Please include in the email subject line: **Consultant Network Application**