

NATIVE EMPOWERMENT SOLUTIONS
New Client Form

Welcome! This brief form will provide an introduction to your organization or business and give us an idea of what you are looking for. We will follow up with you within 24 hours to schedule an initial consultation meeting. We look forward to working with you.

Organization or Company Name *

Contact Name *

First Name Last Name

Contact Title

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

E-mail *

example@example.com

Phone Number

Area Code Phone Number

Website

Please select the appropriate entity structure. *

Non-Profit

Business

Please briefly describe what your organization does (mission, activities, programs).

What services are you interested in? (select all that apply)

Fiscal Development

Fiscal Management (Bookkeeping)

Fiscal Oversight

Budget Development / Analysis

Grant Seeking & Research

Grant Writing

Fundraising Support (Events)

Organizational Assessment & Evaluation

Human Resources

Information Technology (Equipment & Software)

Project Development & Management

Strategic Planning

Leadership Development

Board Development

Conflict Resolution

Training

Marketing

Social Media Outreach

Web Site Design & Development

Fiscal Sponsorship

Please select the appropriate initial meeting request preference. *

In Person

Virtual

Phone

What challenges or issues are you facing now?

Is there anything else you would like us to know prior to our meeting?