



# KEY CHANGE CONSULTING

## NEW CLIENT INTAKE FORM

*Thank you for your interest in retaining the services of Key Change Consulting, LLC – a minority-owned firm dedicated to helping organizations improve their diversity strategies and achieve inclusive excellence. Please complete the following form and return it via email to Dr. Marcus Lewis at [keychangeconsulting@gmail.com](mailto:keychangeconsulting@gmail.com). You will receive a response within five (5) business days of receipt of intake.*

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### SECTION ONE: ABOUT YOUR ORGANIZATION

**Organization name:**

**Contact Person (First and Last name):**

**Contact Person's title:**

**Email:**

**Telephone:**

**Number of Employees:**

**Number of Employees of Color:**

**Number of Female Employees:**

**Has your organization had any diversity training in the last three (3) years?  
(Check one)**

Yes

No

Unsure

**Does your organization actively recruit diverse candidates for employment?  
(Check one)**

Yes

No

Unsure

**Does your organization actively work to attract diverse clients or customers?  
(Check one)**

Yes

No

Unsure

## SECTION TWO: ABOUT THE PROJECT

**Check the boxes that best describe the nature of work your organization requires:**

- |  |  |
|--|--|
| <input type="checkbox"/> Equity Audit/Evaluation           | <input type="checkbox"/> Race and Racism                 |
| <input type="checkbox"/> Creating Your Diversity Statement | <input type="checkbox"/> Cultural Competence/Sensitivity |
| <input type="checkbox"/> Recruiting a Diverse Team         | <input type="checkbox"/> Sexual Orientation              |
| <input type="checkbox"/> Promoting Inclusive Excellence    | <input type="checkbox"/> The Role of Privilege at Work   |
| <input type="checkbox"/> Attracting Diverse Customers      | <input type="checkbox"/> Gender Identity (Non-binary)    |
| <input type="checkbox"/> Multiculturalism in the Workplace | <input type="checkbox"/> Microaggressions                |
| <input type="checkbox"/> Gender Equity in the Workplace    | <input type="checkbox"/> Equity vs. Equality             |
| <input type="checkbox"/> Other (describe below):           |  |

**Based on the boxes checked above, please provide additional details about the project with which you need assistance.**

**What are the three (3) most important outcomes you wish to accomplish from our services?**

**What is the anticipated scope of the project? (Check all that apply)**

- Two-hour seminar
- Half-day workshop
- Full-day workshop
- Multi-day workshop (specify number of days: \_\_\_\_\_)
- Ongoing project (specify approximately duration: \_\_\_\_\_)

**Who from your organization will attend the training(s)?**

- Frontline employees
- Administrative professionals
- Mid-level management (Directors, Managers, Coordinators, etc.)
- Senior/Executive management (e.g. CEO, CFO, President, VP, etc.)
- Board of Directors and/or Investors
- Community Members and/or Volunteers

**Where will the training(s) take place?**

**What is the timeline for the completion of the project?**

**Please provide any additional information about your project not yet discussed in previous questions.**