



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. You will receive a response within five (5) business days of receipt of intake.

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.