

Notice To Consultant Applicants

Alliance for Greater® is establishing an updated pool of consultants to provide professional services for the Corporation. The consultant pool is designed to provide Alliance for Greater Works® with a diverse group of professional consultants who can perform projects or tasks that are expected to be repetitive or continuous. A new **Request for Qualification** (RFQ) process has been established for new applicants and consultants/contractors who have not gone through competitive screening within the last two years. You have been identified as part of this group. Enclosed are documents that are important for you to complete and return, along with your resume and relevant materials, to Alliance for Greater Works®. This information will be used as part of our national consultant database.

When your application is successfully processed, you will receive a **Letter of Agreement** that must be signed and returned to Alliance for Greater Works®. It is designed to for consultants to be used for multiple projects of Alliance for Greater Works®. The **Letter of Agreement** will not provide specific services, dates and times of performance, or fees and expenses since these will be requested through a specific **Task Order** signed by Alliance for Greater Works® staff. You should note that Alliance for Greater Works® cannot provide consultant fees that exceed the daily limits that apply to federally funded agencies. Documents include:

1. RFQ: PART I FORM

This form should be filled out and returned **ONLY** if your consulting services to Alliance for Greater Works® will be through an ORGANIZATION and your new contract will be through an Organization using its Tax Identification Number. Only one "PART I Form" needs to be filled out for all the consultants providing services through the same Organization, but each consultant must complete a "PART II Form" and check that they are "Part of an Organization" and using its Tax ID number.

2. RFQ: PART II FORM

This form must be filled out by all consultants and returned to provide relevant information that will be used to assist Alliance for Greater Works® in selecting consultants to provide specific services.

IMPORTANT: To allow more accurate and faster processing, please read and follow the RFQ Instructions carefully. Failure to follow the directions could cause your application information to be inaccurately entered in the database, and potentially delay your application processing.

Please remember to also mail an updated resume and relevant materials for each consultant filling out PART II, and any relevant material about the Organization along with PART I as appropriate.

SEND ALL INFORMATION TO:

Consulting Services
Alliance for Greater Works®
2080 N. Hwy 360, Suite 342
Grand Prairie, TX 75050

CONSULTANT RFQ INSTRUCTION SHEET

Request For Qualification Process Alliance for Greater Works®

- Consultants Applying As **Individuals**
 - You only need to fill out Part II of the RFQ Form and return it with your resume and a one paragraph biographical sketch.

- Consultants Applying As Part of an **Organization**
 - You need to have a Principal of the Organization fill out ONE Part I of the RFQ Form which will cover all the Individual consultants of the Organization. Each individual consultant who is applying through an organization will need to also fill out Part II of the RFQ Form and return it with their updated resume and a one paragraph biographical sketch.

- **Filling out the application**
 - The application can be filled out on the computer or be printed and filled out by hand. If you are filling the application out on computer, use the arrow keys, tab key or the mouse to move around the application. For any section of the application that has a check box , simply double click on the check box, click on "checked" and then click OK.

After you have finished filling out the application, please e-mail it to admin@allianceforgreaterworks.org or mail to address below:

- **Mail All Materials To** [including the RFQ Form(s)]
 - **Consulting Services**
Alliance for Greater Works® America
2080 N. Hwy 360, Suite 342
Grand Prairie, TX 75050

Thank you for your interest and cooperation with our Consultant RFQ Process. Alliance for Greater Works® is an Equal Opportunity Employer. We appreciate your help in establishing a diverse group of Consultants who can help serve our organization and the more than 250 organizations in our Alliance for Greater Works® network.

PART I - ORGANIZATION Request for Qualifications (RFQ) Application

Only FILL OUT IF an ORGANIZATION representing a group of applicants, otherwise, proceed to Part II. Also, fill out a Part II for EACH individual that will provide consulting services under the same organization

1. Organization Name

Street No. Street Name

City State Zip Code

Work Phone: (Area Code) Telephone Number Fax Number: (Area Code) Telephone Number

2. Organization Type: Non-Profit For-Profit

(Required for Payment)
Organization Tax ID

Numbers Only
NO DASHES

Authorized Signature Name for Contract:

Name: _____
(Please Print)

Title: _____

3. Have any of this organization's principal(s)/officer(s) ever been employed by Alliance for Greater Works®? Yes No

Has any of this organization's principal(s)/officer(s) ever had a contract with Alliance for Greater Works®? Yes No

If yes, give name in which contract was held, Alliance for Greater Works® America contact person, and term of contract, if available:

4. How many principals are there for your organization?

How many principals fall into at least one of the categories below? **(Optional)**

Fill in all categories that apply to the number of principals given above: (optional)

Female Native American/Alaskan Native Asian/Pacific Islander
 Black/African American Hispanic/Latino Other

PART II - INDIVIDUAL Request for Qualifications (RFQ) Application

If you are applying as an INDIVIDUAL APPLICANT please fill out Part II. If you are applying as part of an organization, please fill out one Part II form for each individual employee interested in providing consulting services. For EACH APPLICANT, please attach a current RESUME and a one paragraph BIOGRAPHICAL SKETCH.

1. First Name <input style="width: 95%; height: 25px;" type="text"/>	MI. <input style="width: 30px; height: 25px;" type="text"/>	Last Name <input style="width: 95%; height: 25px;" type="text"/>
Street No. <input style="width: 150px; height: 25px;" type="text"/>	Street Address <input style="width: 95%; height: 25px;" type="text"/>	
City <input style="width: 500px; height: 25px;" type="text"/>	State <input style="width: 50px; height: 25px;" type="text"/>	Zip Code <input style="width: 100px; height: 25px;" type="text"/>
Work Phone: (Area Code) Telephone Number <input style="width: 350px; height: 25px;" type="text"/>	Fax Number: (Area Code) Telephone Number <input style="width: 350px; height: 25px;" type="text"/>	
Home Phone: (Area Code) Telephone Number <input style="width: 350px; height: 25px;" type="text"/>	2. Applicant Type: <input type="checkbox"/> Individual <input type="checkbox"/> Part of Organization	

3. Information Required For Payment. Please list Social Security Number if INDIVIDUAL or Tax ID Number if you are applying as Part of an ORGANIZATION. USE ONLY NUMBERS, NO DASHES.	Organization Tax ID or Individual Social Security Number <input style="width: 95%; height: 25px;" type="text"/>
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4. How did you hear about this RFQ? (fill in one)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Alliance for Greater Works Network <input type="checkbox"/> CNM Connect <input type="checkbox"/> Dallas Morning News <input type="checkbox"/> Fort Worth Star Telegram <input type="checkbox"/> Sweet Charity	

5. Have you ever been employed by Alliance for Greater Works®? Yes No

Have you ever had a consultant contract with Alliance for Greater Works®? Yes No

If yes, give name in which contract was held, Alliance for Greater Works® America contact person, and term of contract:

6. Please fill in your Gender/Race group (optional)			
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Male	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____
Are you Fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Fluent in another Language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Fluent in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what:: _____	

SPECIALTY SKILL AREAS

SECTION A: TRAINING, TECHNICAL ASSISTANCE and/or EVALUATION CONSULTING AREAS

We are interested in finding out your SPECIALTY SKILLS in each of the Consulting Area(s) you are applying for. For each appropriate Consulting Area (represented by the three columns), please list your DAILY rate(s) and fill in the circle(s) for your TOP Specialty Skills.

	I. Classroom Training	II. Technical Assistance	III. Programmatic and Organizational Evaluations
List Daily Rates for each Consulting Area:			

SPECIALTY SKILL AREAS	TRAINING (maximum of 7)	TECH. ASST. (maximum of 7)	EVALUATIONS (maximum of 7)
1. Nonprofit Management and Operations			
Business and Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Development and Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing and Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting and Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Compliance Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills and Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim Management		<input type="checkbox"/>	
2. Organizational Development and Oversight			
Board and Leadership Development/Oversight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Development, Team Building and Oversight Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Management, Problem Solving and Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting and Facilitation Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational Growth, Quality and Change	<input type="checkbox"/>	<input type="checkbox"/>	
Conflict Resolution, Negotiation and Mediation	<input type="checkbox"/>	<input type="checkbox"/>	
Training of Trainers	<input type="checkbox"/>		
3. Community Development and Organizing			
Neighborhood Revitalization Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Partnerships and Coalitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood and Community Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Involvement Strategies	<input type="checkbox"/>	<input type="checkbox"/>	
Community Education Methods	<input type="checkbox"/>	<input type="checkbox"/>	
4. Affordable Housing			
Architecture and Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab. and Construction Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financing and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multifamily Housing Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homebuyer Education and Promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Community Development Lending			
First Mortgage and Rehab Lending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovative Loan Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan Servicing and Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerized Lending and Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal/State Lending Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commercial and Economic and Small Business Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALTY SKILL AREAS

SECTION A (continued): Please fill in the information below on your work experience in the Specialty Skills you listed in Section A.

YEARS	1-2	3-5	6-9	10-14	15 +										
1) Years working in Specialty Skills and related areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2) Years working in other professional areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3) Years working with or for non-profit organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4) Years conducting classroom training in Specialty Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5) Years conducting classroom training in other areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6) Fill in the length of classroom training sessions you have conducted (only single answer allowed).	<input type="checkbox"/> 1/2-1 day		<input type="checkbox"/> Multi day		<input type="checkbox"/> Both										
7) How many Classroom Training sessions have you conducted in the last three years?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>														
8) What is the typical number of classroom training sessions You conduct in a year?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>														
9) What is the typical audience size in your classrooms (only pick one)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">0-12</td> <td style="width: 15%;">13-25</td> <td style="width: 15%;">26-40</td> <td style="width: 15%;">40+</td> <td style="width: 10%;">All</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					0-12	13-25	26-40	40+	All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-12	13-25	26-40	40+	All											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

SECTION B: COMMUNICATIONS CONSULTING AREA -- Please fill in all that apply and list HOURLY rates and years of experience for each SPECIALTY SKILL chosen below:

	Hourly Rate:	Years of experience		Hourly Rate:	Years of experience
PUBLICATIONS			WRITING		
<input type="checkbox"/> Indexing			<input type="checkbox"/> Writing Periodicals		
<input type="checkbox"/> Research			<input type="checkbox"/> Ad Copy Writing		
<input type="checkbox"/> Print Product Management			<input type="checkbox"/> Speech Writing		
<input type="checkbox"/> Publication Design			<input type="checkbox"/> Script Writing		
<input type="checkbox"/> Illustration			<input type="checkbox"/> Training Materials		
AUDIO/VIDEO			EDITING		
<input type="checkbox"/> Photography			<input type="checkbox"/> Copy Editing		
<input type="checkbox"/> Video			<input type="checkbox"/> Substantive Editing		
<input type="checkbox"/> Multi-Media			<input type="checkbox"/> Proofreading		
MARKETING			MEDIA RELATIONS		
<input type="checkbox"/> Evaluation			<input type="checkbox"/> TV <input type="checkbox"/> Print		
<input type="checkbox"/> Surveying			<input type="checkbox"/> Media Events		
<input type="checkbox"/> Strategy Development			<input type="checkbox"/> Research Lists		
<input type="checkbox"/> Special Events Planning			TRANSLATION		
			<input type="checkbox"/> Spanish <input type="checkbox"/> Other		

GENERAL INFORMATION

Please answer the following questions concerning your Professional Qualifications, Location Preferences, and any other Remarks or information that you feel will be relevant for your application.

1) Professional Qualifications Please fill in your two most relevant degrees, fields of study and years awarded.

a) Fill in your first most relevant degree:

<input type="checkbox"/> None	<input type="checkbox"/> BA/BS	<input type="checkbox"/> PhD
<input type="checkbox"/> Assoc.	<input type="checkbox"/> MA/MS	<input type="checkbox"/> JD

Degree Field 1:

Year 1

b) Fill in your second most relevant degree:

<input type="checkbox"/> None	<input type="checkbox"/> BA/BS	<input type="checkbox"/> PhD
<input type="checkbox"/> Assoc.	<input type="checkbox"/> MA/MS	<input type="checkbox"/> JD

Degree Field 2:

Year 2

c) Please print your most relevant Professional License(s) in the Box below (e.g. CPA):

d) Relevant Professional Association(s): _____

e) Honors & Awards in Specialty Area (s): _____

f) Other professional education: _____

2) Location Preferences

a) Please fill in your work location preferences (s)
Multiple choices allowed.

<input type="checkbox"/> None	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> Central
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3) Remarks Use this space to note other information that may be relevant to your application.

4) Three References Please list the names with relationship to you, phone numbers and e-mail.

a) _____

b) _____

c) _____