



Consultant Referral Service

New Consultant Application Form

Business Name: _____

Consultant's First and Last Name: _____

Business Address: _____

City: _____ **Zip Code:** _____ **Ward:** _____

Phone Number: _____ **Email:** _____

Website: _____

Date Available to Begin Consulting: _____

Maximum Consulting Hours Available Per Month: _____

Which category of consulting do you perform (check all that apply):

- Management/General Business Planning
- Construction
- Legal
- Internet or Technical Support
- Financial/ Bookkeeping
- Marketing
- Permitting and Compliance
- Restaurant/Food Industry
- Taxes and Fees
- Other: _____



Location of Primary Client Base: _____ **Yrs. in Operation:** _____

Are you currently in business? Y / N

Are you incorporated? Y / N

Do you have a DC Business License? Y / N

Does a majority of your clientele belong to any of the following groups...

- DC Resident?** Y / N
- Female?** Y / N
- Minority?** Y / N
- Veteran?** Y / N

Do you speak any languages other than English? If so, please list them as well as a 1 to 5 ranking of your fluency (1= Basic Vocabulary, 5= Conversational fluency)

How did you hear about SB Works?

Please include with this form

1.) your resume

2.) a list of any relevant accreditations or certifications related to your consultant work

3.) a brief history of any completed consultancy projects along with contact information for the clients involved (maximum of 3-5 examples with 150-word descriptions of each)

