

Missouri Enterprise Service Partner Application Questionnaire

A. General Information

Organization Name _____

Principal Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

WWW home page _____

B. Organizational Information

1. Please indicate how many people your organization employs full time: _____

2. What is your hourly charge? _____

3. Would you be willing to discount your normal fee to work with our clients? Yes No

a. If yes, what is the lowest fee you would be willing to charge? \$ _____

b. What is the smallest size project you are willing to undertake? \$ _____

c. What is the largest size project you are willing to undertake? \$ _____

4. Please describe the geographic area of the state in which you are willing to work:

C. Qualifications

1. Please list any relevant and active memberships, certifications, licenses, awards, and other notable distinctions.

2. Please check the one general category below that best describes the services you or your organization most often provides to manufacturers.

Management consulting

Engineering services

Training services

Software development and application

3. Please rank in order of their importance, up to four fields of expertise (see attached expertise examples) which best describe the particular area(s) of expertise of you and your organization:

#1 _____ #3 _____
#2 _____ #4 _____

4. Please rank, in order of their importance, up to four industry/ies (see attached industry examples) that best describe the particular industry/ies with which you or your organization have worked:

#1 _____ #3 _____
#2 _____ #4 _____

5. Please indicate how many years you have provided consulting services: _____ years

6. Please indicate how many different clients you have served as a consultant in the past two years:
_____ clients

D. References

1. Please list three references whom we may contact about projects for which you or your organization served as a consultant. If possible, please list projects that you have worked on with manufacturers having fewer than 500 employees.

a. Company name _____
Contact person _____
Phone number _____ Project dates _____
Project description _____

b. Company name _____
Contact person _____
Phone number _____ Project dates _____
Project description _____

c. Company name _____
Contact person _____
Phone number _____ Project dates _____
Project description _____

E. Attachments (optional)

To help us present your credentials to potential clients most effectively, feel free to attach additional materials about your firm:

Resume

Brochure or other marketing materials

Letter(s) of reference

Standard statement of qualifications

Work samples(s)

Other

Please mail or fax the completed form to:

Tricia Helton-George
Missouri Enterprise
1706 East 10th Street
Rolla, MO 65401
Phone: (573) 341-0117
Fax: (573) 341-0135

Areas of Expertise and Industry Focus

Missouri Enterprise Area of Expertise

Examples of areas of expertise for question 3 of the application.

Continuous Process Improvement
Growth Strategies
Quality Management Systems
Six Sigma
Product Development
Benchmarking/Operation Assessment
Human Resource Management
Environmental, Energy and Waste Management
Supply Chain Management
Technology Commercialization & Transfer
Other (please explain)

Missouri Enterprise Industry Focus

Examples of Industries for question 4 of the application.

Food and Kindred Products
Tobacco Products
Textile Mill Products
Apparel and Other Textile Products
Lumber and Wood Products
Furniture and Fixtures
Paper and Allied Products
Printing and Publishing
Chemicals and Allied Products
Petroleum and Coal Products
Rubber and Miscellaneous Plastics
Leather and Leather Products
Stone, Clay, and Glass Products
Primary Metal Industries
Fabricated Metal Products
Machinery, Excluding Electrical
Electrical and Electronic Equipment
Transportation Equipment
Instruments and Related Products
Miscellaneous Manufacturing
Other (please explain)