



A Service of the Federation

Consultant Questionnaire

Thank you for your interest in joining the CU Breakthrough roster of consultants. The following questions will help us to match qualified consultants to specific scopes of work. If you would like to be considered for CU Breakthrough assignments, please complete and submit this form along with a copy of your résumé as soon as possible. If applicable, you may also include an overview of your company or organization.

This form may be filled out electronically using Adobe Reader® or Adobe Acrobat®. Alternatively, you may print this form and submit your responses on separate pages, as needed. Completed forms and attachments may be submitted either by regular mail or by email, as follows:

Send to:

CU Breakthrough
National Federation of Community
Development Credit Unions
39 Broadway, Suite 2140
New York, NY 10006

Send to:

cubreakthrough@cdcu.coop

If you have comments or questions about this form or CU Breakthrough, please contact Pablo DeFilippi at pablo@cdcu.coop or (212) 809-1850, ext. 304.

Name: _____
First Name Last Name

Title: _____

Email: _____ Web Site: _____

Address: _____
Street Address

City

State

Zip Code

Primary Telephone: _____

Best time to contact: _____

Secondary Telephone: _____

Best time to contact: _____



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1. Please check all that apply, below. Are you:

An independent contractor?

Associated with a consulting group or company?

Name: _____

Relationship:

Owner/Sole Proprietor

Partner

Member of a group

Employee

Employed full- or part-time by a credit union

Name: _____

Employed full- or part-time by a credit union organization
(e.g., league, CUSO, etc.)

Name: _____

Serving on a governing board of a credit union or credit union organization

Name: _____

Title: _____

Period(s) of Service: _____

Serving on a governing board of other non-profit or for profit organizations

Name: _____

Title: _____

Period(s) of Service: _____

2. If you have worked or volunteered in a credit union, please briefly describe.



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1. Please enter the following information in the table below:

- ¾ In Column 1, indicate whether your *experience* in each skill area is “strong”, “limited”, or “not applicable (N/A)”.
- ¾ In Column 2, indicate whether your *preference* for providing consulting services in each of these skill areas is “strong”, “limited”, or “not applicable (N/A)”.

Skill Areas	Column 2 Consulting Preference
Strategic Planning	
Presentations to Boards or Industry Events	
Marketing	
Community Partnerships	
Latino Outreach	
Immigrant Outreach/Services	
Payday Loan Alternatives	
Consumer Lending	
Micro and Small Business Lending	
Affordable Mortgage Lending	
Program Development	
Product Development	
Human Resource Development	
Individual Development Accounts (IDAs)	
VITA / EITC	
Financial Literacy Training	
Credit Counseling	
Homeownership Counseling	
General Fundraising	
CDFI Fund Grant Applications	
Credit Union Operations	
Information Technologies	
Training and Facilitation	
Regulatory Services	



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2. Please list any other special skills you have that can help credit unions to expand their services to low- and moderate-income communities, immigrants, and other underserved populations.

3. Please feel free to use this space for any other information that you feel is important for us to know.



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Please indicate your ability to use different languages in a professional setting by entering “none,” “limited,” or “fluent” in each of the boxes in the table below:

Language
English
Spanish
Other:
Other:

1. Please provide three references from clients, customers, or groups you have worked with.

Contact Information
Name
Title
Company/Org.
City, State
Daytime Telephone
Email Address
Website (if applicable)

2. Please list some other recent clients or customers (attach a separate list, if necessary).



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1. Please indicate the daily rate you currently receive for working with the following types of organizations:

- For profit: \$ _____
- Non-Profit: \$ _____

2. Please check all that apply:

If guaranteed a sufficient number of days of work, I will offer discounts on my daily rate.

In cases where a client, such as the federal government, stipulates a rate below my non-profit rate, I still would like to be considered for an assignment that matches my professional skills and interests.

1. Do you work in partnership with other companies or groups?

Yes No

If yes, please give name _____

2. Please tell us whether you are available for:

occasional assignments regular assignments extended contracts

3. Length of assignments?

_____ Minimum number of days (enter "N/A" if there is no minimum)

_____ Maximum number of days (enter "N/A" if there is no maximum)

4. What, if any, travel restrictions or preferences do you have?

