# Resource Partner Application

## General Information

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|  |  |  |
| **Full Name :**  |  |  |
| **Company Name:** |  | Mailing Address, if different |
| **Address:** |  | **Address:** |  |
| **City:** |  | **City:** |  |
| **State:** |  | **State:** |  |
| **Zip:** |  | **Zip:** |  |
| **Phone Number:** |  |  |  |
| **Email:** |  |  |  |
| **Web Site Address:** |  |
| *Do we have permission to e-mail you information regarding Impact Washington or upcoming events? Yes* *[ ]  No* *[ ]*  |

## Organizational Information

|  |  |  |
| --- | --- | --- |
| 1. Company Ownership:
 | [ ]  Foreign Owned | [ ]  Not For Profit |
|  | [ ]  Private | [ ]  Public |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.0 Type of Business: | [ ]  S-Corp | [ ]  C-Corp | [ ] LLC | [ ]  Sole proprietorship |

|  |  |  |
| --- | --- | --- |
|  3.0 Financial Information: | Contact Name:  |  |
|  | Title: |  |
|  | Phone Number:  |  |
|  | Email: |  |

|  |  |
| --- | --- |
| 4.0 UBI Number: |  |

 5. 0 Do you have professional liability insurance or the equivalent? [ ]  Yes [ ]  No

6.0 Company Overview:

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| **Primary Areas of Expertise** |

**Check each box that applies.**

[ ]  Food Safety / FSMA Training & Compliance [ ]  Sales / Market Development

[ ]  ERP “enterprise resource planning” [ ]  Cybersecurity consulting

[ ]  ISO Consulting [ ]  Product Development and Design

[ ]  Environmental and/or Safety [ ]  Human Resources

[ ]  Lean Training / Process Improvement [ ]  Smart Talent

[ ]  Plant Layout/Manufacturing Cells [ ]  Transition & Succession Planning

[ ]  Automation/Robotics [ ]  New Product Introduction

[ ]  Other - Explain

|  |  |
| --- | --- |
| **Primary** Area of Expertise from list above : |  |
| Years of Experience: |  |
| Industries Served: |  |
| Years of Experience in manufacturing industry: |  |

## Qualifications

Please list any relevant and active memberships, professional affiliations, certifications (when and where), licenses, awards, volunteer activities, and other notable distinctions:

|  |
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|   |

## Availability

Please indicate where and how frequent you are willing to travel:

How much time per week or per month are you willing to give to Impact Washington Activities? Please define whether this time is travel time, virtual time, or both:

What, if any, restrictions do you see in terms of your ability to work with Impact Washington?

## References

Please list 3 references in the past 2 years whom we may contact about projects for which you or your organization served as a consultant. Please list projects that are as similar as possible to those you anticipate working on with Impact Washington.

|  |  |
| --- | --- |
| Company:        | Brief Description:       |
| Contact Person:       |
| Relationship:       |
| Phone Number:       |
| Email Address:       |  |

|  |  |
| --- | --- |
| Company:        | Brief Description:       |
| Contact Person:       |
| Relationship:       |
| Phone Number:       |
| Email Address:       | Email Address:       |

|  |  |
| --- | --- |
| Company:        | Brief Description:       |
| Contact Person:       |
| Relationship:       |
| Phone Number:       |
| Email Address:       | Email Address:       |

## Additional Information

Please provide a resume and any marketing literature and brochures you may have.

## Signatures

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| --- | --- | --- |
|  |  |  |
| Signature | Print Name | Date |

**Impact WA Notes**

|  |  |
| --- | --- |
| Approved For: | Referred by: |
| Approval Signature: | Date: |