# 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

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| --- | --- | --- |
| 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.

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

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

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| --- | --- |
| 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

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

**Impact WA Notes**

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