**Request for Management Assistance**

**Organization:** Click here to enter text.

Name/s and positions/s of those who will be working with the Volunteer Executive Consultant/s who will be assigned to your organization:

**Name:**  Click here to enter text. **Position**Click here to enter text.

Name: Click here to enter text. Position: Click here to enter text.

**Street Address** Click here to enter text.

**City:** Click here to enter text. **State:** **ZIP:** Click here to enter text.

**Telephone:** Click here to enter text. **E-Mail:**Click here to enter text.

**Executive Director**: Click here to enter text.

**Representative Making Request:** Click here to enter text.

**Best way to reach you:**  **Time** Click here to enter text. [ ]  Phone [ ]  Email

**Budget Size:** [ ]  under $50,000 [ ]  $50,000 - $100,000, [ ]  $100,000 - $300,000 [ ]  $300,000 -$500-000
 [ ]  $500,000 – 1 million [ ]  over $1 million

**Nonprofit status:** 501(c)3 [ ]  Yes [ ]  No [ ]  Other (specify) Click here to enter text.

**How do you charge for service?** (Describe) Click here to enter text.

**Do you have a Strategic Plan?** [ ]  Yes [ ]  No How Old? Click here to enter text.

**Do you have a Business Plan?** [ ]  Yes [ ]  No How Old? Click here to enter text.

**Total employees** Click here to enter text. **Total volunteers** Click here to enter text.

**Do you have a Facebook page?** Click here to enter text.

**How did you learn about RSVP’s VEC program?** Click here to enter text.

**Purpose/Mission of the Organization**: (Please attach additional relevant material about your organization.)

Click here to enter text.

**Description of Management Assistance Needed:**

* Identify and select functional areas requiring VEC assistance.

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| [ ]  Board Development | [ ]  Fundraising (incl. Grant Applications.)  | [ ]  Financial Mgmt. |
| [ ]  Planning-  Strategic/Business | [ ]  Staff & Volunteer Mgmt./Leadership | [ ]  Operations & Technology. Mgmt.(incl. Programming) |
| [ ]  Marketing  | [ ]  Start-ups  | [ ]  Other (describe) Click here to enter text. |
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* Describe in detail what kind of assistance you are requesting and the objectives and outcomes you are seeking Click here to enter text.
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**Fees:**

1. No consulting fees will be charged for any of VEC services
2. Based upon client satisfaction and in lieu of a consulting fee an optional donation will be accepted at the conclusion of the project. As a suggested guideline please consider the following: - if your organization’s annual budget is under $500K ($100); if your budget is in excess of $500K ($200).
3. Our organization agrees to reimburse VEC for out-of-pocket expenses (ie. postage, printing, copying, etc.) which are agreed to and included in the Client Work Agreement (CWA).

## Requesting Organization’s Commitment

1. Our organization agrees to provide the time, staff support and resources needed to work with the assigned Volunteer Executive Consultants in performing the work described in this Request for Management Assistance (RMA). It is understood and agreed to that the assistance provided by RSVP/VEC may be publicly acknowledged only to the extent that assistance was provided.
2. We understand that the RSVP/VEC consultants are volunteers and have agreed not to: (1)

Recommend goods or services from sources in which he/she has an interest and (2) personally accept fees or commissions developing from this consulting relationship. In consideration of the consultants furnishing management and/or technical assistance, we waive all claims against RSVP of Montgomery County, its personnel, and other RSVP/VECs arising from this assistance.

1. VEC assistance is subject to the availability of VEC resources and, at VEC’s discretion, the skills necessary to complete any assignment.
2. In order to assist VEC in documenting the effectiveness of their consulting services for granting sources and making our services the best they can be, weagree to participate in a follow-up call shortly after our service is complete and then completing a questionnaire about 60-90 days later.

We always appreciate any written notes describing satisfaction with VEC service which we could share with future VEC clients.

**Signatures**

Executive Director, Board President, or Founder

Signature

Title Click here to enter text.

Date of Request Click here to enter a date.

**For VEC Office use:**

Date form received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned VEC Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_