**2024 Client Application Questions Preview**

**This document contains a preview of all the questions asked in the online application form. Please submit your responses in the online application form. Please note that your responses will be reviewed by Johnson Institute staff and shared with students enrolled in the Nonprofit Clinic.**

Applicant’s Full Name:

Applicant’s Email address:

Position/Title:

Organization Name:

Organization Address:

Organization EIN:

Organization City:

Organization State:

Organization Postal Code:

Organization Phone:

Organization Website and other social media sites:

1. Please provide a brief statement of your organization’s purpose/mission:
2. State as clearly as possible the problem, issue, or pending decision you would like the student consultant to examine.
3. Briefly explain how you came to identify the problem or opportunity. For example, what have been the symptoms of the problem or issue? Have your or your staff tried to solve this problem in the past?
4. Please describe the “deliverables” or products you expect the students to produce. (e.g., a written report, a manual, a workshop or training session, etc.) and how this deliverable will be used by your organization.
5. Please describe any resources you expect the students to use in preparing their deliverables (e.g. past annual reports, financial records, databases).
6. Are there any particular skills or knowledge that would help students to successfully complete this project (e.g. design, subject-area knowledge, data analysis, etc.)?
7. Is the board of directors aware of and supportive of this project? Provide an explanation of how the board has been engaged in this issue.
8. Has any work been done on the project so far? If so, please provide an explanation.
9. Please identify the names and titles of staff or board members who will play a central role in working with the students.

First Contact’s Name

First Contact’s Title

First Contact’s Phone Number

First Contact’s Email address

Second Contact’s Name

Second Contact’s Title

Second Contact’s Phone Number

Second Contact’s Email address

Third Contact’s Name

Third Contact’s Title

Third Contact’s Phone Number

Third Contact’s Email address

1. Who will be the **primary point of contact** for the student consultants during the project?

Name

Title

Phone Number

Email Address

1. Will you give the student consultants access to the information and people needed to do their research and prepare their report? \_\_\_Yes \_\_\_ No
2. Do you foresee any problem in getting access to reliable data or other resources essential to the project?

\_\_\_Yes (*explain*)

\_\_\_No

1. Students may need to work virtually. Do you foresee any problems communicating and working in this format?

\_\_\_Yes (*explain*)

\_\_\_No

1. If your project is selected, will you agree to sign an agreement that will acknowledge that this is a student learning project, not a formal consulting agreement, and that the students will be “held harmless” regarding their recommendations.

 \_\_\_Yes \_\_\_ No

1. Please upload any supporting materials (this can be a strategic plan for example)
2. How did you hear about the Nonprofit Clinic?
	1. Participated/Applied Previously
	2. Email from the Johnson Institute
	3. Email from another nonprofit
	4. Social Media
	5. Word of mouth
	6. Internet Search
	7. Other (please specify)

**Kindly submit your proposals at:** [**bit.ly/3WhicXe**](https://pitt.co1.qualtrics.com/jfe/form/SV_aXLae6l1kNjpFvE)

*Paper attachments of the Nonprofit Clinic proposals will not be accepted.*

*Please kindly submit your proposal via the website application portal.*

*Questions on this form, should be directed to:*

*Doreen Hernández, edoreen@pitt.edu*

*CC, Dan Rudy, danielrudy@pitt.edu*

*Thank you!*

*The Johnson Institute for Responsible Leadership*