

LBNP Professional Services Program Application

1. Please fill out this application
(by typing in the blue boxes on the computer)
2. Save it to your computer, and
3. Attach it to an email to John Glaza at jglaza@lbnp.org or mail it to the address below.



Your Organization/Business Name: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

No. of Employees (FTEs): _____ Annual Revenue: \$ _____

Professional services that you provide to nonprofits (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Financial Auditing | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please list two references for whom you have provided services:

Organization/Business Name: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Service(s) Provided: _____

Organization/Business Name: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Service(s) Provided: _____

LBNP Professional Services Program Application payment of \$ _____ (see fee schedule on the attached cover letter) can be sent to: John Glaza, LBNP, 4900 E Conant Avenue, Long Beach CA 90808.

Thank you for participating in the LBNP's new Professional Services Program.

John Glaza, Director
Consulting Services
562 290-0018, extension 2