



**Quaboag Valley
Community Development Corporation
& Quaboag Valley Business Assistance Corporation**

23 West Main Street, Ware, MA 01082, Suite 1
413-967-3001 413-967-3008 (fax) www.qvcdc.com

PROPOSAL FOR INDIVIDUAL TECHNICAL ASSISTANCE

[Except for Evaluation only, please get sign-off from client prior to submitting for approval]

Client Name: _____ Date: _____

Business Name (if appropriate): _____

Mailing Address: _____
Street or P.O. Town Zip code

Phone(s): _____ Email: _____

Proposed Activity _____ Evaluation only (up to 2 hours)

Other: _____

Total time proposed for this contract:..... _____

Consultant Name and Address:	Contact Info:
_____	Phone: _____
_____	Cell Phone: _____
_____	Email: _____
_____	Fax Number: _____

The parties identified above propose that the Consultant assist the Client according to the Proposed Activities:

 Consultant Signature Client Signature

Cost per hour: \$ _____ **TOTAL HOURS** _____ **Total Project Cost: \$** _____

QVDCDC Contribution(s) \$ _____ *Client Contribution(s) \$* _____

Approved: _____
 QVDCDC Signature Client Signature

Date: _____ Date: _____

For Office Use Only:

SOURCE ___ USDA ___ MGCC ___ CDBG ___ other TA Arranged by _____ (staff initial)
 INCOME ___ Low ___ Mod. ___ Above (FW: attached) Staff _____ DB: _____ (date)