



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

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: _____

Mailing Address: _____

Phone: _____ 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: _____
E-mail: _____
FAX: _____

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:** _____

QV CDC Contribution(s) \$ _____ *Client Contribution(s) \$* _____

Approved: _____

QV CDC Signature

Client Signature

Date: _____

Date: _____

For Office Use Only:

Source: _____ USDA _____ MGCC _____ CDBG _____ Other

TA Arranged by _____ (staff initial)

INCOME _____ Low _____ Mod. _____ Above (Self Dec: attached)

Staff _____ DB: _____ (date)

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