**CONSULTING**

The Nonprofit Center / The Montgomery County Foundation, Inc.

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| **Organization Name:** | Click here to enter text. |
| **Organizational Mission:** | Click here to enter text. |
| **\*Participant(s) Name(s) and Title(s):** | **1.** Click here to enter text.**2.** Click here to enter text.**3.** Click here to enter text. |

*\*No more than 3 representatives of your organization. Staff and board members are encouraged to attend.*

**Is the organization a Grantee of The Montgomery County Foundation, Inc.?** [ ] **YES** [ ] **NO**

The ***THREE*** most important things for our organization to discuss are:

**(Please keep questions concise enough to be discussed in 20 minutes)**

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| **1.** | Click here to enter text. |

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| **2.** | Click here to enter text. |

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| **3.** | Click here to enter text. |