Undergraduate Consulting Proposal

Name of Organization (“Organization”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YANA Consulting Project Supervisor’s Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name (“Project”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Project Description - Please describe the overall project and the student component, including expected form and length of the work product. You are welcome to attach a separate sheet with additional description.

Please list any additional skills desired (e.g. language, quantitative) and any comments in the space below.

Deadline for Student Commitment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Time Frame and Deadlines: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Student Time Commitment (20-50 hours /semester): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Students Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR COMPLETION BY RESPONSIBLE PARTY OF THE PARTICIPATING ORGANIZATION:

*Note: XYZ Consulting student work is provided without Yale faculty or other Yale administration supervision. Organization is solely responsible for supervising students, reviewing student work, and for the quality and accuracy of all services provided by them, regardless of the contributions of the XYZ Consulting student participant. Organization agrees to hold XYZ University and ABC harmless from all liability, losses or damage which arise in connection with Project.*

By participating in a XYZ Consulting Project with ABC and being the Project Supervisor, you agree to serve as the responsible party for any projects conducted through XYZ Consulting and to provide supervision to the student(s) assisting with your project(s).

XYZ Consulting Project Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_