Proposal Part I
Consultant Information

Name of firm or individual proposed consultant

Business or trade name, if different from above

Business Form (check only one)
- Corporation
- Partnership
- LLC
- Individual/Sole Proprietor
- Other:

Mailing Address

City State ZIP

Website

Firm Contact:

Name

Email

Telephone Fax

Total dollar amount of consultant work that the firm has performed for CIRM in the last 12 months.

The name and position of any CIRM employee who holds a position of director, officer, partner, trustee, manager or employee in the consultant organization, as well as the names of any near relatives who are employed by CIRM.

Certification

I hereby certify under penalty of perjury that I am authorized by the proposed consultant to submit this proposal on its behalf. I have reviewed all information provided in the accompanying proposal, and it is true and complete to the best of my knowledge.

Signature Date

Name

Title