

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