

# Request For Proposal “RFP”

## Submission to the Ohio Cemetery Foundation

This RFP Should Be Submitted Only After an Initial Interview with an Ohio Cemetery Foundation Representative

Cemetery Client Name:	
Client Contact Name:	
Title:	
Street, City, State, Zip:	
Phone Number:	
Email Address:	
Date Submitted:	
Requested Submission to Client Date:	

### Requested Consulting Needs

<input type="checkbox"/> Inventory Analysis & Projections	<input type="checkbox"/> Pricing & Product Mix Analysis
<input type="checkbox"/> Mausoleum & Columbarium Planning	<input type="checkbox"/> Cash Flow Analysis
<input type="checkbox"/> Personnel Needs and Compensation	<input type="checkbox"/> Personnel Job Descriptions
<input type="checkbox"/> New Cemetery Planning	<input type="checkbox"/> Trust Fund Development
<input type="checkbox"/> Master Plan Development	<input type="checkbox"/> Section & Burial Lot Design
<input type="checkbox"/> Cremation Garden & Design	<input type="checkbox"/> Cremation Scattering Garden Design
<input type="checkbox"/> Automation & Computerization	<input type="checkbox"/> Product Development and Pricing
<input type="checkbox"/> Mapping & Inventory Control	<input type="checkbox"/> Operations & Procedures Manuals
<input type="checkbox"/> Trustee & Board Planning	<input type="checkbox"/> Rules & Regulations Development
<input type="checkbox"/> Administration & Operational Review	<input type="checkbox"/> Consumer Relations
<input type="checkbox"/> Cemetery Equipment Selection	<input type="checkbox"/> Equipment Operation & Maintenance
<input type="checkbox"/> Flower Bed Design	<input type="checkbox"/> Property Care & Maintenance
<input type="checkbox"/> Memorial/Monument Selection	
<input type="checkbox"/> Other	