

**The Long Island Center for Nonprofit Leadership
ORGANIZATIONAL ASSESSMENT©**

Developed for the Long Island Community Foundation by Patricia Sparks, MSW, 2001

COVER SHEET

The information provided below provides a brief overview of your organization. All staff and board members should be familiar with this information. This information should be regularly updated and placed in accessible place with current organizational documents.

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Web site: _____

(If the organization operates at other sites in addition to the above, please attach list.)

Director: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Mission: _____

Year organization was founded: _____

Is the organization incorporated in the State of New York? Yes ____ No ____

If no, is it qualified to do business in New York? Yes ____ No ____

If yes, date of incorporation: _____

Has the organization applied for federal tax exempt status? Yes ____ No ____

If yes, when? _____

If granted: Date of IRS determination letter: _____ Type of exemption: _____

Is this an advance determination? Yes ____ No ____

If yes, what is the expiration date? _____

Is this a membership organization? Yes ____ No ____

If yes, number of members: _____

Total operating budget for current fiscal year: _____

Last three fiscal years: _____

Number of board members: _____

Number of paid staff - Full time: _____ Part time: _____

Number of volunteers, interns - Full time: _____ Part time: _____