### ORGANIZATIONAL ASSESSMENT

#### MISSION QUESTIONNAIRE

*To be completed separately by each of the following:*
- Executive
- Board Chair

1. Does the organization have a written Mission Statement? Yes ________  No ________
   
   If yes, please write it here: 
   
   _______________________________________________________________________
   
   _______________________________________________________________________
   
   _______________________________________________________________________

2. Has your Mission Statement been reviewed within the past three years by the following:
   
   - Board of Directors Yes ________  No ________
   - Staff Yes ________  No ________
   - Individuals or groups outside your organization who affect, or are affected by, what your organization does
     Yes ________  No ________
   
   *(please specify): ____________________________________________________________

3. If reviewed, was your Mission Statement either:
   
   - affirmed Yes ________  No ________
   - updated or substantially revised Yes ________  No ________

4. In planning and evaluating initiatives and programs, do your board and staff refer to the Mission Statement?  
   
   Yes ________  No ________

5. Does your Mission Statement reflect the current needs of your:
   
   - community Yes ________  No ________
   - clients Yes ________  No ________
   - consumers of service Yes ________  No ________

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If yes, how do you ensure that it does (for example, periodic formal community needs assessments, consumer feedback, etc.)?

(A “no” answer to any of these questions indicates the item should be given attention.)