



Nonprofit Analytics

Use ADOBE ACROBAT DC to Complete Form



Do NOT Fill in SHADED Fields populated by %, 0, or \$

GENERAL										
Organization Name				U.S. Tax ID#			Year Founded			
HQ Street Address				City & State			Zip			
Phone		HQ Nation		Website(s)						
Primary Contact & Title					Contact Email					
Organization Type				Annual Report Link						
Nonprofit Accountability Listings	BBB (give.org) Guidestar ECFA		Charity Navigator Charity Watch Ministry Watch		Strategic Partners					
Primary Program Area				Peer Group						
Other Program Area(s)				Clients Served						
GROWTH TRENDS										
	FY 2013	FY 2014	FY 2015	FY 2016	% Change	Explanation				
Paid Staff					%					
Clients Served					%					
Annual Income					%					
Donors					%					
Key Activity					%					
FUNDRAISING										
Donor Retention Rate			Government Funding %			Cost to Raise \$1				
Largest Gift for FY			% of Gift Income from Largest Gift			Self-sustainability %				
Donors Listed by Gift Size for FY	Gift Size:		< \$1,000	\$1K - 4,999	\$5K - 24,999	\$25K - 49,999	\$50K - 99,999	\$100,000 +		
	# of Donors:									
	Total Amount:									
FINANCIAL MANAGEMENT										
Cash Reserves on Hand			2016 Current Net Assets			Total Current Debt				
Written Financial Controls		Yes	No	Independent Financial Audits		Yes	No	Reserve Coverage %		
FISCAL YEAR TO		FY 2013	FY 2014	FY 2015	FY 2016	2017	BUDGET ACTUALS	2013-2016 FY TRENDS		
INCOME	Earned Revenue									%
	Gifts in Kind									%
	Cash Donations									%
	Total Income									%
EXPENSES	Program Services		%		%		%		%	%
	Administrative		%		%		%		%	%
	Fundraising		%		%		%		%	%
	Total Expenses									%
SURPLUS/DEFICIT										

LEADERSHIP

CEO Name & Tenure					CEO Age			Total CEO Compensation			
CEO Annual Evaluation	Yes	No	CEO on the Board	Yes	No	CEO Successor Identified	Yes	No			
Total Paid Staff by Type	FT:	PT:	Staff Turnover Rate				Total Volunteers				
Board Chair & Tenure					Board Size			Annual Board Meetings			
Revenue % from Board			Board Committees			Term Limit			Board Compensation	Yes	No
Up-to-date Board-approved Strategic Plan			Yes	No	# of Board Members related to Founder or CEO						

"ELEVATOR SPEECH" (communicate your solution)

What problem are you solving?										
How do you solve the problem?										
Exemplary Project										
Big Organizational Goal										

STRATEGY (based on the 5 Drucker Questions)

1. What is your mission ?										
2. Who is your customer ?										
3. What does your primary customer value ?										
4. What are your most significant results ? Report outcomes <i>not</i> activities.										
Measure outcomes against benchmarks	Yes	No	Track Key Performance Indicators	Yes	No	Completed program logic model(s)	Yes	No		
Completed independent evaluation	Yes	No	Survey program beneficiaries	Yes	No	Cut program in past 3 years for bad results	Yes	No		
5. What is your 1-3 year plan ? List clear goals & deadlines.										
* Cite 1 recent & significant program improvement .										

GEOGRAPHIC SCOPE

Where do your programs operate?	Local	Regional	National (USA)	International (List nations or regions served below alphabetically)

S.W.O.T. ANALYSIS

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS

SOURCE	Completed By:	Date:
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