

**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: \_\_\_\_\_