

# **THE LONG ISLAND CENTER FOR NONPROFIT LEADERSHIP ORGANIZATIONAL ASSESSMENT©**

Developed for the Long Island Community Foundation by Patricia Sparks, MSW, 2001  
And modified by Ann Marie Thigpen, Director, Long Island Center for Nonprofit Leadership, 2007

## **INTRODUCTION**

This comprehensive organizational assessment instrument, originally developed for the Long Island Community Foundation by Patricia Sparks, MSW, 2001, is a useful learning tool. The Center wants to enable nonprofit organizations to determine where they stand in critical areas of organizational infrastructure and functioning. This assessment can help you get a clear picture of your organization.

Used as a self-assessment this instrument will highlight areas where an organization is strong and alert it to those that might need attention. Regular assessment and acting on the results can help organizations sustain their strengths and consider preventive approaches to any potential problem areas. The assessment can be used on its own or as part of a larger organizational development, strategic planning or consulting process. You can also select segments from the assessment and use them as single entities.

The assessment consists of a series of questionnaires, one in each of the following areas:

- . Mission
- . Board Governance
- . Planning
- . Resource Development
- . External Relations
- . Administration and Management:
  - Executive Leadership
  - Finance
  - Human Resources
  - Program Planning and Evaluation
  - Space, Facilities, Systems, Technology

Not every item on every questionnaire will apply to all organizations but most will have some relevance. For simplicity and consistency, all questions call for “yes/no” responses. Some questions ask for additional details and descriptions.

## **INTRODUCTION (continued)**

Each questionnaire indicates who should complete it. In some instances the questionnaire is to be completed by one person, in others by more than one. Those completed by more than one person should be considered individually and also consolidated for a collective perspective.

Taken together, the responses to the questionnaires can help you gauge the health of your organization. Completing the assessment will require an investment of time and effort, but digesting and acting on the results will pay off in an even more effective organization and one with greater prospects for long-term success.

If you would like to identify technical assistance resources to address your organizational needs, contact The Long Island Center for Nonprofit Leadership by email, [linonprofit@adelphi.edu](mailto:linonprofit@adelphi.edu), or phone (516) 877-4429.

We hope this assessment tool will be of assistance to Long Island's nonprofits and welcome feedback from users.

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

**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 \_\_\_\_\_

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

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

**ORGANIZATIONAL ASSESSMENT©**

**BOARD GOVERNANCE QUESTIONNAIRE**

To be completed separately by:

- each board member

Composition/Recruitment

1. Is the composition of the board representative of the organization's constituency with respect to each of the following:

race                      Yes \_\_\_\_\_                      No \_\_\_\_\_

ethnicity                Yes \_\_\_\_\_                      No \_\_\_\_\_

gender                    Yes \_\_\_\_\_                      No \_\_\_\_\_

age                        Yes \_\_\_\_\_                      No \_\_\_\_\_

and is it diverse in terms of length of tenure on the board?

Yes \_\_\_\_\_                      No \_\_\_\_\_

If no, what's missing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the composition of the board reflect an adequate range of talents, skills, experience and knowledge?

Yes \_\_\_\_\_                      No \_\_\_\_\_

If not, what's missing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are procedures for board recruitment clear?

Yes \_\_\_\_\_                      No \_\_\_\_\_

and do they reflect a broad understanding of board roles and needs?

Yes \_\_\_\_\_                      No \_\_\_\_\_

**BOARD GOVERNANCE QUESTIONNAIRE (continued)**

4. Are potential board members fully informed about the organization and what is expected of them prior to being offered a board position?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Do new board members receive an orientation and a board manual that includes at a minimum the by-laws, budget, most recent strategic plan, list of board members and list of current programs?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. Is there a statement of roles and responsibilities that all board members sign upon joining?

Yes \_\_\_\_\_

No \_\_\_\_\_

7. Does the organization have a pool of potential board members identified for the future?

Yes \_\_\_\_\_

No \_\_\_\_\_

Officers/Committees:

8. Does the board have officers and an executive committee to coordinate the work of the board, provide leadership and handle matters between board meetings? A governance committee to oversee the work of the board?

Yes \_\_\_\_\_

No \_\_\_\_\_

9. Has the board established standing committees, each guided by a charge issued by the board?

Yes \_\_\_\_\_

No \_\_\_\_\_

10. Does each board member serve on at least one committee?

Yes \_\_\_\_\_

No \_\_\_\_\_

11. Do board committees meet regularly and report to the board?

Yes \_\_\_\_\_

No \_\_\_\_\_

12. Does the organization develop future board members by including non-board members on its committees?

Yes \_\_\_\_\_

No \_\_\_\_\_



**BOARD GOVERNANCE QUESTIONNAIRE (continued)**

Meetings:

13. Has a quorum been present at 90% of board meetings over the past 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are board meetings held on a schedule that conforms to the by-laws, well-planned and conducted, with materials available prior to meetings and minutes available shortly thereafter?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do board meetings begin and end on time? Do they stimulate rather than bore participants?

Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do board meetings deal primarily with policy formulation, financial oversight, resource development, and planning and evaluating the work of the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

Key Responsibilities:

17. Is training available for board members to increase their skills and knowledge in areas related to their board service?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Is there a succession plan in place for future board leadership?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does the board have a good grasp of issues and matters of concern to the organization, such as community needs, government policies, external trends and best practices within the organization's field?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Has the board established financial management procedures and does the board monitor and review the organization's finances and ensure that necessary taxes are paid on time?

Yes \_\_\_\_\_ No \_\_\_\_\_

21. Are all board members involved in some way with raising funds for the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

**BOARD GOVERNANCE QUESTIONNAIRE (continued)**

22. Does each board member make a financial contribution annually?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Does the board assess its own performance annually?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Does the board hire, and regularly assess, the executive director according to a clear written understanding of that individual's responsibilities and standards for performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

25. Does the board delegate to the executive director sufficient authority to reflect the respective organizational roles of board and staff and facilitate the effective day-to-day administration and management of the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

26. Do the by-laws specify terms of office for directors and for officers, with term limits and a provision for rotation of membership on the board and for officers?

Yes \_\_\_\_\_ No \_\_\_\_\_

By-laws/Legal Matters:

27. Does the board have, and observe, a formally adopted set of by-laws that sets forth the duties of board members and officers and the procedures by which the board conducts its business?

Yes \_\_\_\_\_ No \_\_\_\_\_

28. Have the by-laws been reviewed within the past two years by an attorney who is knowledgeable about not-for-profit law and, if necessary, revised according to the attorney's advice?

Yes \_\_\_\_\_ No \_\_\_\_\_

29. Are all board members familiar with the by-laws?

Yes \_\_\_\_\_ No \_\_\_\_\_

30. Does the board understand and comply with its legal obligations including making sure that the organization is operating in accordance with its Certificate of Incorporation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**BOARD GOVERNANCE QUESTIONNAIRE (continued)**

31. Does the board observe a formal set of ethical guidelines and policies covering conflict of interest situations?

Yes \_\_\_\_\_ No \_\_\_\_\_

32. Does the organization strictly avoid making any loans to directors or officers?

Yes \_\_\_\_\_ No \_\_\_\_\_

33. If any compensation is provided to officers and/or directors, is that compensation within legal guidelines for “reasonable” compensation?

Yes \_\_\_\_\_ No \_\_\_\_\_

34. Does the board provide for the organization to have ongoing access to legal counsel knowledgeable about not-for-profit law and applicable regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(A “no” answer to any of these questions indicates the item should be given attention.  
Some of these items may have serious legal implications.)*

**ORGANIZATIONAL ASSESSMENT©**

**PLANNING QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Board Chair

1. Is there an ongoing process used by the organization to:

examine internal strengths and weaknesses      Yes \_\_\_\_\_      No \_\_\_\_\_

examine external trends      Yes \_\_\_\_\_      No \_\_\_\_\_

establish priorities      Yes \_\_\_\_\_      No \_\_\_\_\_

systematically plan for the future      Yes \_\_\_\_\_      No \_\_\_\_\_

Who participates in that process and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the organization have a formal strategic plan that was adopted within the past five years?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, does the plan include details of implementation such as timeframes and persons responsible?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, has the plan been reviewed and updated annually?

Yes \_\_\_\_\_      No \_\_\_\_\_

3. If the organization has a strategic plan, do the board and staff refer to the plan when developing and evaluating initiatives and programs?

Yes \_\_\_\_\_      No \_\_\_\_\_

If not, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLANNING QUESTIONNAIRE (continued)**

4. Are any of the following operational plans in effect? (If yes, please describe who was instrumental in their creation [board, board committee, staff, others] and when each was last updated. A “no” response indicates that the item should be given attention.)

Fundraising                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Program                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Staffing                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Space/facilities                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Technology                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Equipment                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Other (describe)                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATIONAL ASSESSMENT©**

**ADMINISTRATION AND MANAGEMENT / EXECUTIVE LEADERSHIP QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Board Chair
- 10% of staff (in confidence) drawn from various levels

1. Does the executive take steps to articulate the mission of the organization and embody it in all of the programs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Does the executive systematically monitor:

external trends affecting the organization

Yes \_\_\_\_\_

No \_\_\_\_\_

state-of-the-art knowledge and best practices  
in the organization's field

Yes \_\_\_\_\_

No \_\_\_\_\_

state-of-the-art knowledge and best practices  
in nonprofit management

Yes \_\_\_\_\_

No \_\_\_\_\_

Does the executive bring the above to bear on what the organization does and how?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Does the executive monitor the organization's overall performance and effectiveness on an ongoing basis, and implement course corrections as needed?

Yes \_\_\_\_\_

No \_\_\_\_\_

**ADMINISTRATION AND MANAGEMENT / EXECUTIVE LEADERSHIP QUESTIONNAIRE (continued)**

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the executive work closely, and in appropriate balance, with the board of directors on:

long-range and annual planning    Yes \_\_\_\_\_                      No \_\_\_\_\_

budgeting                                      Yes \_\_\_\_\_                      No \_\_\_\_\_

fiscal monitoring                      Yes \_\_\_\_\_                      No \_\_\_\_\_

policy and resource development    Yes \_\_\_\_\_                      No \_\_\_\_\_

5. Does the executive see that the board of directors and board committees receive adequate staff support?

Yes \_\_\_\_\_                      No \_\_\_\_\_

6. Does the executive see to it that the board of directors benefits from the expertise and experience of the staff and hears their voices when engaging in:

policy deliberations                      Yes \_\_\_\_\_                      No \_\_\_\_\_

budgeting and planning                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Does the executive see that the staff is aware on an ongoing basis of board decisions?

Yes \_\_\_\_\_                      No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the executive plan and implement an equitable allocation of internal resources, and distribution of workload, in consultation with staff?

Yes \_\_\_\_\_                      No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATION AND MANAGEMENT / EXECUTIVE LEADERSHIP QUESTIONNAIRE (continued)

8. Does the executive provide for ongoing communication with and among staff, including regularly scheduled staff meetings, so that staff has the knowledge and information they need in order to do their jobs as well as a means to offer their ideas about the organization and their work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the executive play a key role in fostering positive working conditions and working relationships throughout the organization, including:

problem-solving Yes \_\_\_\_\_ No \_\_\_\_\_

stress reduction Yes \_\_\_\_\_ No \_\_\_\_\_

recognition and rewards Yes \_\_\_\_\_ No \_\_\_\_\_

ordering internal conflict Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does the organization provide support to the executive to prevent/alleviate executive stress and burnout?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the organization have a succession plan in place for future executive leadership?

Yes \_\_\_\_\_ No \_\_\_\_\_

ANY "NO" ANSWERS INDICATE THAT THE ITEM NEEDS ATTENTION



**ORGANIZATIONAL ASSESSMENT©**

**EXTERNAL RELATIONS QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Board Chair
- Executive

1. Is the organization a member of any alliances, networks, collaborations, coalitions or federations?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please list and indicate those in which the organization is active:

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2. Does the organization issue any of the following:

Annual report            Yes \_\_\_\_\_            No \_\_\_\_\_

Newsletter                Yes \_\_\_\_\_            No \_\_\_\_\_

Brochure(s)                Yes \_\_\_\_\_            No \_\_\_\_\_

Press release(s)            Yes \_\_\_\_\_            No \_\_\_\_\_

Other: \_\_\_\_\_

3. Does the organization have a web site?

Yes \_\_\_\_\_

No \_\_\_\_\_

**EXTERNAL RELATIONS QUESTIONNAIRE (continued)**

4. Do board members represent and communicate the organization's mission, goals, services and accomplishments to:

the public                      Yes \_\_\_\_\_                      No \_\_\_\_\_

and to key external decision-makers including:

funders                      Yes \_\_\_\_\_                      No \_\_\_\_\_

government                      Yes \_\_\_\_\_                      No \_\_\_\_\_

the media                      Yes \_\_\_\_\_                      No \_\_\_\_\_

5. Does the executive represent and communicate the organization's mission, goals, services and accomplishments to:

the public                      Yes \_\_\_\_\_                      No \_\_\_\_\_

and to key external decision-makers including:

funders                      Yes \_\_\_\_\_                      No \_\_\_\_\_

government                      Yes \_\_\_\_\_                      No \_\_\_\_\_

the media                      Yes \_\_\_\_\_                      No \_\_\_\_\_

6. Does the organization systematically monitor legislative and regulatory activity that has implications for the organization and/or its constituents/community?

Yes \_\_\_\_\_                      No \_\_\_\_\_

7. Does the organization have a system for obtaining input/feedback from individuals and groups affected by its mission, activities, methods and results?

Yes \_\_\_\_\_                      No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Does the organization have any staff dedicated to:

public education/outreach to  
potential consumers/participants      Yes \_\_\_\_\_                      No \_\_\_\_\_

public relations                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**EXTERNAL RELATIONS QUESTIONNAIRE (continued)**

media relations and/or marketing Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many full time? \_\_\_\_\_ Part time? \_\_\_\_\_

9. Does the organization engage directly, or through participation in alliances, in:

government relations activity Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

public policy advocacy Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

10. Has the organization made the election under Internal Revenue Code section 501(h) regarding the reporting of lobbying activities on Form 990?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has the organization, within the past two years, engaged in a systematic analysis of potential strategic alliances with other organizations or groups that might enhance or strengthen the organization's work in fulfillment of its mission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and also indicate any actions taken as a result of that analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Any questions that were answered "no" indicate that the item should be given attention.)*

**ORGANIZATIONAL ASSESSMENT©**

**ADMINISTRATION AND MANAGEMENT / FINANCE QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Chief Fiscal Officer
- Board Treasurer

1. Does the organization operate according to a written annual budget that is approved and monitored by the board and modified when necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the organization undergo an annual independent audit conforming to requirements of the American Institute of Certified Public Accountants?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does the organization have written financial management procedures covering such matters as:

expenditure control Yes \_\_\_\_\_ No \_\_\_\_\_

check signing and check writing  
authority and signature control Yes \_\_\_\_\_ No \_\_\_\_\_

financial reports Yes \_\_\_\_\_ No \_\_\_\_\_

purchasing Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the organization have a financial management system with a clear audit trail of income and expenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are required reports submitted to funding sources in a timely manner?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the bookkeeping system include all of the following:

general ledger Yes \_\_\_\_\_ No \_\_\_\_\_

books of original entry (journals) for



**ADMINISTRATION AND MANAGEMENT / FINANCE QUESTIONNAIRE (continued)**

11. Does the board of directors at each meeting receive a written financial report that includes:

statements of cash balance	Yes _____	No _____
current liabilities and accounts receivable	Yes _____	No _____
statement of total revenues and expenses	Yes _____	No _____
income and expenses broken down by program	Yes _____	No _____
year-to-date variances, with explanations of any variances	Yes _____	No _____

If no, what's missing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the organization insure its board members against liability?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Does the organization bond all staff who handle funds?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

**ORGANIZATIONAL ASSESSMENT©**

**ADMINISTRATION AND MANAGEMENT / HUMAN RESOURCES QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Staff member responsible for personnel
- Chair of the Board's Personnel Committee or, if there is not such a committee, the Board Chair

1. Does the organization follow a written set of personnel policies that have been approved by the board of directors?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Have the personnel policies been reviewed and updated by the administration in the past two years?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Have the organization's personnel policies (along with any job advertisements or announcements, application forms and interview questions, hiring letters or employment agreements that the organization uses) been reviewed in the past two years by an attorney who is an expert in employment law and revised according to the attorney's advice?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Is there a written job description for each staff position that includes minimum qualifications, responsibilities and salary range?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, have these been reviewed and updated within the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Does the organization conduct a formal performance appraisal of each staff member annually?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. Is there a written equal opportunity and non-discrimination policy?

Yes \_\_\_\_\_

No \_\_\_\_\_

**ADMINISTRATION AND MANAGEMENT / HUMAN RESOURCES QUESTIONNAIRE (continued)**

7. Is there a written sexual harassment policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are there written nepotism, conflict of interest and ethical guidelines for staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. If any persons working for the organization are classified as independent contractors do they meet current IRS standards for that classification?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are all non-exempt personnel paid time and a half for any hours worked over 40 in a given work week?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does the organization encourage promotion from within?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Are job-related skills development and educational opportunities offered to staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Is there a table of organization that visually displays job positions and reporting relationships?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Does the organization participate in the New York State Unemployment Insurance System and purchase workers compensation and disability insurance for all employees?

Yes \_\_\_\_\_ No \_\_\_\_\_



**ADMINISTRATION AND MANAGEMENT / HUMAN RESOURCES QUESTIONNAIRE (continued)**

15. Do the personnel who are responsible for administering the organization's human resources receive ongoing training and updated information about all federal, state and local laws and regulations that pertain to the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

16. Are equal treatment and fully documented progressive discipline practiced in a standardized way prior to termination of any employee for cause (except in the case of extremely serious violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Does the organization have a written annual staffing plan that relates to the program plan and budget

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the plan identify:

number of staff needed Yes \_\_\_\_\_ No \_\_\_\_\_

core and specialized competencies required Yes \_\_\_\_\_ No \_\_\_\_\_

the means of meeting those organizational needs Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does the organization regularly review its staff compensation package in light of industry standards and the organization's staffing needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Is the organization able to attract and retain a sufficient number of qualified staff to meet the organization's goals?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Does the organization offer benefits and incentives to employees that:

apply the values implicit in its mission to staff as well as clients Yes \_\_\_\_\_ No \_\_\_\_\_

enhance its ability to attract and retain staff (for example, job sharing, flextime, flexible benefits, substantial leave time)? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Does the organization keep (for at least six years) personnel records for each employee including identifying information, hours worked and compensation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**ADMINISTRATION AND MANAGEMENT / HUMAN RESOURCES QUESTIONNAIRE (continued)**

22. Does the organization have a form I-9 Employee Eligibility Verification Form on file for each employee?

Yes \_\_\_\_\_

No \_\_\_\_\_

23. Are employee records kept confidential and in limited access cabinets?

Yes \_\_\_\_\_

No \_\_\_\_\_

*(Any questions that were answered "no" indicate that this item should be given attention.  
Many, although not all, of these items have legal implications for organizations that could be serious.)*

**ORGANIZATIONAL ASSESSMENT©**

**ADMINISTRATION AND MANAGEMENT / PROGRAM PLANNING  
AND EVALUATION QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Program Director
- head of the board's Program Committee  
or, if there is not such a committee, the Board Chair

1. Does the organization have an annual program plan that corresponds to its strategic plan and budget?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Does the organization take steps to ensure that its current and planned programs correspond to the needs of its target population and/or community?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does the organization consider its service delivery role and scope in the light of other similar or related services available in the community?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the organization ensure that it is applying the best practices of its field in designing and implementing programs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADMINISTRATION AND MANAGEMENT / PROGRAM PLANNING  
AND EVALUATION QUESTIONNAIRE (continued)**

5. Has the organization developed, and does it apply consistently, organization-wide performance standards across all programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the organization conduct ongoing systematic program monitoring and evaluation that includes measurement of outcomes?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the organization coordinate its service delivery with other organizations providing similar or related services?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does the organization engage in any programmatic collaborations with other organizations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Any questions that were answered "no" indicate that the item should be given attention.)*

**ORGANIZATIONAL ASSESSMENT©**

**RESOURCE DEVELOPMENT QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Development or Fiscal Officer
- Board Treasurer or Fundraising Committee Chair

1. Does the organization have a fund development plan in place?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who created the plan (board, executive, staff, consultant, other)? \_\_\_\_\_  
\_\_\_\_\_

Who is responsible for its implementation? \_\_\_\_\_

Has it been updated within the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the organization have a diversified funding base so it is not overly dependent on one source or type of income?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list what percentage of the organization's income in the current fiscal year is derived from each of the following:

Individuals (special events, direct mail, membership, major donors, etc.)	_____ %
Foundations	_____ %
Government grants, contracts or fees	_____ %
Corporations or small businesses	_____ %
Fees for service	_____ %
Related earned income	_____ %
Unrelated earned income	_____ %

3. Does the organization have a contingency plan so that, if a particular source of funds is withdrawn or severely cut back, this would not imperil the organization's existence?

Yes \_\_\_\_\_ No \_\_\_\_\_

**RESOURCE DEVELOPMENT QUESTIONNAIRE (continued)**

*The Long Island Center for Nonprofit Leadership at Adelphi University's School of Social Work*

Phone: 516-877-4429 Email: linonprofit@adelphi.edu

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is fundraising for the organization a joint effort of board and staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many paid staff work on fundraising full time? \_\_\_\_\_ Part time? \_\_\_\_\_

Does the board have an active fundraising committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have staff and/or board members participated in training during the past year to increase their skills in fundraising?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the organization have sufficient income to meet expenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the organization has experienced a deficit in any of the past five years, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the organization have a balance between unrestricted and restricted income?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the organization's projected income for the current fiscal year and the past three years:

	<u>Restricted Income</u>	<u>Unrestricted Income</u>	<u>Total Income</u>	<u>Expense</u>
Current Year:	_____	_____	_____	_____
Last Year:	_____	_____	_____	_____
2 Years Ago:	_____	_____	_____	_____
3 Years Ago:	_____	_____	_____	_____

**RESOURCE DEVELOPMENT QUESTIONNAIRE (continued)**

8. Has the organization been able to maintain its staff and programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If it has been necessary to decrease staff and/or programs any time during the past five years due to lack of funding, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Does the organization take advantage of any of the following types of resources:

In-kind donations Yes \_\_\_\_\_ No \_\_\_\_\_

Interns Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteers Yes \_\_\_\_\_ No \_\_\_\_\_

Pro-bono services Yes \_\_\_\_\_ No \_\_\_\_\_

Facilities or other resources shared with other organizations

Yes \_\_\_\_\_ No \_\_\_\_\_

Group purchasing Yes \_\_\_\_\_ No \_\_\_\_\_

Barter Yes \_\_\_\_\_ No \_\_\_\_\_

For each "yes," please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do board members play an active role in fundraising and in otherwise bringing material resources to the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(A "no" answer to any of the above questions indicates the item should be given attention.)*

**ORGANIZATIONAL ASSESSMENT©**

**ADMINISTRATION AND MANAGEMENT /  
SPACE, FACILITIES, SYSTEMS, TECHNOLOGY QUESTIONNAIRE**

To be completed by:

- Executive

1. Does the organization keep detailed records of all leased property and equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there a detailed record of all owned property, plant and equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is there a periodic physical inventory or inspection of property, plant and equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the organization have a regular maintenance plan for any buildings and/or vehicles?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the organization have an annual space and facilities plan that relates to the program plan and budget and ensures that the organization will have adequate and appropriate space and facilities for its current and anticipated programs and administrative needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has an energy audit been performed within the past 12 months at each facility where the organization pays utility costs?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does the organization use information technology to support any of the following:

Basic office functions – word processing, spreadsheets	Yes _____	No _____
Fiscal management	Yes _____	No _____
Fund development/donor tracking	Yes _____	No _____
Internal communication, information sharing	Yes _____	No _____

**ADMINISTRATION AND MANAGEMENT /**

*The Long Island Center for Nonprofit Leadership at Adelphi University's School of Social Work*

Phone: 516-877-4429 Email: linonprofit@adelphi.edu



**SPACE, FACILITIES, SYSTEMS, TECHNOLOGY QUESTIONNAIRE (continued)**

Research and information gathering                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Client tracking / service reporting                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Other: \_\_\_\_\_

8. Have computer software and hardware, telephone systems, etc. been considered for upgrading within the past two years?

Yes \_\_\_\_\_                      No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the organization utilize:

e-mail                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, please describe and indicate who the users are: \_\_\_\_\_  
\_\_\_\_\_

The Internet                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, please describe and indicate who the users are: \_\_\_\_\_  
\_\_\_\_\_

10. Do staff receive training in the use of technology?

Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the organization have a technology plan?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, is it:

related to the strategic plan and budget                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**ADMINISTRATION AND MANAGEMENT /**

**SPACE, FACILITIES, SYSTEMS, TECHNOLOGY QUESTIONNAIRE (continued)**

updated annually	Yes _____	No _____
dealing with programmatic, administrative, connectivity and staff training issues	Yes _____	No _____
setting forth the organization's technology needs and means for meeting those needs	Yes _____	No _____

*(Any questions that were answered "no" indicate that this item should be given attention.)*