NON-PROFIT QUESTIONNAIRE



TAB Consulting Services, Inc.

2016

Non-profit questionnaire

TAB CONSULTING SERVICES, INC.

INTRO

The questionnaire is to provide us with the basic information about your prospective non-profit organization. Please fill out to its entirely. Should you have any questions and/or need assistance, we can be reached at (443-334-5800) or (404) 380-5505.

Company Information				
Name:				
Address:				
City, State, Zip Code:				
Phone #:				
Fax #:				
Email:				
Funding Sources				
Type of Financing? (Circle one) Loan Grant				
Amount Needed:				
How Much of Your Own Money Will You Contribute?				
Use of Funds				
Purchase Land or Building \$				
Purchase Computer Equipment \$				
Purchase Office Equipment \$				
Purchase of Other Equipment \$				
Purchase of Vehicle(s) \$				

Non-profit questionnaire	
Retirement of Current Debt \$	
Purchase a Business \$	
Purchase Inventory \$	
Leasehold Improvements \$	
Working Capital: (It is recommended cash reserves equal to 3 months' ope	erating expenses)
Other Start-up Expenses (explain):	
Background	
A. What type of organization are you forming? (What are the need(s) your organization community?)	ation will meet in the
(2–3 sentences)	
B. What services and/or products do you provide?	
(1 paragraph)	

C.	What is your organization's target audience?				
	List demographics such as: age, sex, economic status, etc				
D. What is your organization's Vision and/or Mission?					

Organization	nal Structure
Founder(s):	(List names and addresses)
1	
2.	
3	
·	
Co Foundar	(a), (List manage and addresses)
Co-Founder	(s): (List names and addresses)
1	
2	
3	
Initial Board	of Directors: (Min 3 recommended)
(List Names	and Addresses)
1	
·	
_	
2	
3	

Provide a resume or 2-3 paragraph work history for each Board Member who participates materially in the operation of the organization.

Staffing

Provide the requested information about your projected staff. Include yourself and any coowners who materially participate in the operation of the business and/or receive salaries or wages from the business. If your staff will include more than 10 people, provide information only for key management personnel.

<u>Name</u>	<u>Position</u>	Annual Salary/Wage
Facilities		
		, name of shopping center or office complex, square include descriptions of any special equipment you