

NON-PROFIT QUESTIONNAIRE



2016

TAB Consulting Services, Inc.

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 entirety. 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' operating expenses)

Other Start-up Expenses (explain):

Background

A. What type of organization are you forming? (What are the need(s) your organization will meet in the community?)

(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?

Organizational Structure

Founder(s): (List names and addresses)

1. _____

2. _____

3. _____

Co-Founder(s): (List names and addresses)

1. _____

2. _____

3. _____

Initial Board of Directors: (Min 3 recommended)

(List Names and Addresses)

1. _____

2. _____

3. _____

