

Emerging Effective Charity Evaluators

Evaluation Form

Organization Name:

Address:

Date:

Contact Person:

Phone Number:

E-mail Address:

I. Overview

Describe the work of your organization, including:

1. The mission of your organization.
2. A brief history of your organization.
3. The importance of the issue your organization addresses.
4. The staff of your organization including a description of their roles and responsibilities and how this furthers your organization's mission.

II. Programs

1. What are the particular programs and approaches your organization is taking now and plans to take in the future to address your chosen cause area? Describe each program in detail, including its goals, expected and actual outcomes, and how you monitor the effectiveness of the program.
2. What are the short-term goals (within the next one to two years) of your organization? How do you plan to reach these goals? What concrete steps will you take?
3. What are the long-term goals (five to ten years) of your organization? How do you plan to reach these goals? What concrete steps will you take?
4. If there are charities that work on a similar issue as your own, explain what advantages your approach brings to addressing this issue. What is your relationship with these other organizations?
5. How do you track the effectiveness of your programs? Please provide any documentation that does so.

III. Financials

Please provide the following:

1. A detailed description of revenue in the last three years (or if formed less than three years ago, all prior years), the current year, and a projection of revenue for the next three years.
2. A detailed description of how funds are being utilized by your organization. Include a breakdown of the costs of past programs pursued in the last three years (or if formed less than three years ago, all prior years), current programs, and a projection of costs for future programs for the next three years.
3. Describe how programs and operations would change with:
 - a. A 10% increase in funding and a 10% decrease in funding.
 - b. A 25% increase in funding and a 25% decrease in funding.
 - c. A 50% increase in funding and a 50% decrease in funding.
4. At what percentage of current funding would you consider your current operations to be fully funded?

IV. Documentation

Please provide the following:

1. Proof of IRS 501(c)(3) status.
2. Latest Form 990.
3. Most recent annual report.
4. Most recent financial statement.
5. Most recent operating expense budget.
6. List of other sources of income including support or applications of support from other organizations.

V. Other (Optional)

1. Provide any other information you think would be helpful for accurately evaluating your organization.