



QUESTIONNAIRE FOR ORGANIZATIONS SERVING MILITARY SERVICE MEMBERS, WOUNDED WARRIORS, VETERANS AND THEIR FAMILIES

* = REQUIRED FIELD

GENERAL INFORMATION:

| | |
|---|---|
| *Organization Name: | |
| *Date Founded: | *Tax ID: |
| *What geographic areas do you serve? | |
| *Address: | *Phone: |
| *Website: | |
| *CEO or Executive Director/Email/Phone (direct): | Contact person, if different/Email/Phone: |
| *What is the primary purpose of your organization? <i>325 character limit</i> | |
| *Please state your Mission: <i>325 character limit</i> | |
| *What % of your business is focused on the military? | * Approximate # military served annually? |

FINANCIAL OVERVIEW: Please provide the following information:

| FROM IRS FORM 990 @ FYE: | FROM CURRENT ANNUAL BUDGET @ FYE: 2021 |
|---|--|
| *Total Annual Expenses \$ _____ | *Total Annual Expenses \$ _____ |
| *Direct Program Expenses _____% | *Direct Program Expenses _____% |
| *Total Assets \$ _____ | *Total Assets \$ _____ |
| *Total Revenues \$ _____ | *Total Revenues \$ _____ |
| Fees for Service (Earned Income) _____% | Fees for Service (Earned Income) _____% |
| Grants-Gov't, Corporate, Private _____% | Grants-Gov't, Corporate, Private _____% |
| Investment/Dividend Income _____% | Investment/Dividend Income _____% |
| Individual Donors _____% | Individual Donors _____% |
| Other-(explain source types) _____% | Other-(explain source types) _____% |
| | |
| Total Revenues _____ 100 % | Total Revenues _____ 100 % |
| *Do you have an endowment? \$ _____ | * Do you have operating reserves? \$ _____ |

TRANSPARENCY/ACCOUNTABILITY/GOVERNANCE:

| Is the following information posted on your organization's website? | | |
|---|--------|---|
| | Yes/No | If YES, Please provide the URL for the following: |
| *Form 990 | | |
| *Audited Financials | | |
| *Board Members Listed | | |
| *Key Staff Listed | | |
| *Donor Privacy Policy | | |

Tell us about your organization's governance:

| | | | | | |
|--|---|---|--|--------------------------------------|--|
| *What percentage of your Board supports your organization with annual donations? | % | *Do you have a written Conflict of Interest Policy? | | *Do you have a Whistleblower Policy? | |
| *Do you have any paid staff members serving on the Board of Directors? If yes, please explain. | | | | | |
| *Are any Directors or staff military veterans? | | | | | |

MEASURING EFFECTIVENESS: *Briefly, describe your organization's effectiveness and impact; including any major accomplishments (include links to your website, if helpful). *500 character limit*

*What protocols are in place to measure and evaluate outcomes? *500 character limit*

*How do you use evaluation as part of a broader effort to affect progress, and/or strategic direction? *500 character limit*

***CAPACITY:** Which programs, consultants, or resources have you accessed in the last 3-5 years for capacity building training? e.g. Fieldstone, Nonprofit Management Solutions, USD, SCORE, AFP, etc. *500 character limit*

OTHER: Is there anything else that you would like us to be aware of that will help us better understand and evaluate your organization's work? *500 character limit*

THE PATRIOTS CONNECTION at RANCHO SANTA FE FOUNDATION appreciates the opportunity to learn about your organization. If you have any questions, contact Debbie Anderson at (858) 756-6557. Please email your completed questionnaire to debbie@rsffoundation.org

THE PATRIOTS CONNECTION
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