Grant Ready Roanoke Cover Letter

Write a cover letter that addresses the following questions:

1. What do you want to accomplish as an organization during the next five years that your organization cannot do currently?
2. How do you hope your organization will benefit from participating in this capacity building program?
3. If selected for this program, in what ways will the increased capacity of your organization benefit the Roanoke community?
4. The capacity building program will run for 6 months and require a time commitment of approximately 8-10 hours per month per person. Is the organization able and willing to have two individuals commit to participating in the entire program? If so, in what roles do these individuals currently serve?

Enter your response here.

Nonprofit and Organizational Health Check-Up

For those organizations completing this form digitally, please highlight your selections to the multiple response options.

<table>
<tr><th colspan="2">I. Mission & Vision</th></tr>
<tr><td colspan="2">Organization Name:</td></tr>
<tr><td>Primary Contact Name:</td><td>Primary Contact Email:</td></tr>
<tr><td>Secondary Contact Name:</td><td>Secondary Contact Email:</td></tr>
<tr><td colspan="2">1. What is your organization’s mission?</td></tr>
<tr><td colspan="2">2. What is your organization’s vision?</td></tr>
<tr><td>3. What are the core values of your organization?</td><td></td></tr>
<tr><td colspan="2">4. Where are the mission, vision, and core values available for people to review? (e.g., online, annual reports, etc.)</td></tr>
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5. How and by whom were the mission, vision, and core values established?	
6. When were the mission, vision, and core values last updated?	
7. How does leadership communicate this mission and vision?	
II. Aspirations	
1. What would you like your organization to be doing in 5 years?	
2. What are you most concerned about regarding your organization?	
3. What immediate goals do you have for the organization?	
4. Who is involved in setting these goals and aspirations?	

III. Board Governance

1. Does your organization have a board? *If no, please skip to section IV.*	☐ Yes ☐ No
2. How many board members currently serve the organization?	
3. How often did your board meet in the last year?	
4. What is the average attendance rate (%) at your board meetings?	

5. Which of the following skillsets/expertise are represented on your board? *Please select all that apply.*

- ☐ Legal
- ☐ Accounting
- ☐ Nonprofit Operations
- ☐ Marketing/Outreach
- ☐ Fundraising
- ☐ Human Resources
- ☐ Programmatic Expertise Relevant to Our Mission
- ☐ Other: *(please describe)*

If the board doesn't have these areas of expertise, how do you find help from elsewhere?

6. Which of these statements would you say is **true** about your board members? *Please select all that apply.*

- ☐ Most of our board members have governance experience with another organization.
- ☐ Several of our board members come from the community we serve.
- ☐ We have people that directly benefit from our programs on our board.
- ☐ There is an appropriate amount of turnover on the board (e.g., board members have term limits that they adhere to, new perspectives are included over time).
- ☐ Our board members ask good questions.
- ☐ Our board members can make sense of financial documents and other programmatic documents.

7. Is there clarity about what decisions must be made by the board versus what decisions can be made by an executive director (if your organization has either)?
   - ☐ Yes
   - ☐ No

Please explain:

8. Is there a clear onboarding process for new board members?	☐ Yes ☐ No
9. Is your board engaged in strategic planning?	☐ Yes ☐ No

10. Have your board members ever had training?
    - ☐ Yes
    - ☐ No
    - ☐ I'm not sure.

If yes,
What kind(s) of training?

How often do board members complete training?

11. Do you work with an attorney?	☐ Yes ☐ No
12. Do your board members participate in the day-to-day operations of the organization?	☐ Yes ☐ No
13. Does your board have a committee structure that clearly distributes responsibilities?	☐ Yes ☐ No

IV. Finances

1. Does your organization have a budget?
   ☐ Yes
   ☐ No

If yes,
How was it created?

When was it created?

2. What is your organization's annual operating budget?	$_____

3. What percentage of your organization's funds come from which of these sources?

Donations _____%
Grants _____%
Earned Income (not including fee for service) _____%
Fee-for-service _____%
Other _____%
Please describe:

4. Do you work with an accountant/bookkeeper?	☐ Yes ☐ No

5. How often are financial reports (balance sheets, statements of revenues, expenditures, and fund balances, and operating budgets) prepared and reviewed?

☐ Daily
☐ Weekly / Biweekly
☐ Monthly / Bimonthly
☐ Quarterly
☐ Annually
☐ Other: *(please describe)*

6. Who prepares the financial reports?	_____

7. Have you ever commissioned a full audit of your organization's finances?

☐ Yes
☐ No

If yes,

When was it completed?

Who conducted it?

8. How much cash does the organization currently have in the bank?	$_____

9. What is the total value of the organization's non-cash assets?

$_____

What are the largest of these assets? *Please list below.*

10. Does the organization have a credit card?
    - ☐ Yes
    - ☐ No

If yes, what protocols are in place for monitoring usage of credit and ensuring the card is not lost, stolen, or misused?

11. Where are your organization's financial records stored?

12. Who from your organization can sign checks and pay bills?

V. Operations

1. What are the top 5 programs currently in operation by the organization?
    a. Please list in order of size in terms of resources required from 1 - Most Resources Required to 5 - Fewest Resources Required.
    b. Describe each in two sentences.
    c. Include one sentence about how each program is linked to the organization's mission and vision.

Program 1:

_____

Program 2:

_____

Program 3:

_____

Program 4:

_____

Program 5:
_____

2. Does your organization now employ, or have you ever employed, staff?
   - ☐ Yes
   - ☐ No

If yes,
How many?

_____

In what positions do you or have you ever employed staff?

3. Who leads program direction or development?

4. Who leads program implementation?

5. What data is collected as part of operating each program?

Program 1:

Program 2:

Program 3:

Program 4:

Program 5:

Other:

6. How are programmatic and organizational effectiveness and impact measured?

7. Are there mechanisms to allow program beneficiaries to provide feedback?	☐ Yes ☐ No

8. Do you have operations manuals, procedures, or policies supporting each program?
   - ☐ Yes, for all programs
   - ☐ Yes, for some programs
   - ☐ No

9. Do you utilize volunteers?
   - ☐ Yes
   - ☐ No

If yes,
In what ways?

VI. Documentation

1. Where is your 501c3 certification letter stored?

2. Where are other legal documents stored?

For example, do you use a registered agent?

3. Does your entity have organizational bylaws?
   - ☐ Yes
   - ☐ No

If yes,

When were they last reviewed/updated?

Do you abide by them?

How were the bylaws developed?

4. Who is responsible for filing annual compliance documents?

5. Please list the official policies and procedures that have been approved by the board.

6. Do you have a policy manual that collects the organization's policies and procedures in one place?	☐ Yes ☐ No
7. Do you have any written planning documents?	☐ Yes ☐ No

8. Do you have written job descriptions?
   - ☐ Yes, for all jobs
   - ☐ Yes, for some jobs
   - ☐ No

9. Have you ever produced an annual report?
   - ☐ Yes
   - ☐ No
   - ☐ I'm not sure.

If yes,
When was your most recent annual report completed?

10. Where is programmatic data stored?

11. How do you ensure data (and organizational) privacy and security?

12. Do you have an insurance broker?
    - ☐ Yes
    - ☐ No

If yes, what kind(s) of insurance do you have?

13. Do you have volunteers sign liability waivers?	☐ Yes ☐ No

14. How long are different types of documents stored by the organization?

VII. Connections

1. Do you have a website?	☐ Yes ☐ No
2. Who maintains your website?	
3. Do you pay for website maintenance?	☐ Yes ☐ No

4. Does your organization have any of the following branding materials? *Please select all that apply.*

- ☐ Logo
- ☐ Color Palette, Font Sets, etc.
- ☐ Letterhead
- ☐ Branded Merchandise
- ☐ Other: *(please describe)*

5. What social media platforms are you currently utilizing?

6. What media connections do you have?

7. With which other organizations do you regularly partner?

8. Do you have a fundraising plan?

☐ Yes
☐ No

9. How do you recognize regular donors?

10. Where do your volunteers come from?

11. Are there any community or nonprofit networks of which you are a part?

☐ Yes
☐ No

If yes, which ones?

Thank you for your time. Please note anything else you'd like to share for this organizational health check-up.