

Charity Information Network of Central Ohio

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Update Questionnaire for Soliciting Nonprofit Organizations

Name of Organization: _____

Address: _____

City, State: _____ Zip Code: _____

Main telephone line: _____ Fax: _____

Email (general): _____ Website: _____

USE OF INFORMATION

To assist the Better Business Bureau in responding to inquiries about your organization, please complete the following questionnaire and submit the requested materials. Attach separate sheets as necessary. We believe both the public and soliciting organizations will benefit from voluntary disclosure of an organization's activities, finances, fundraising practices and governance.

If your organization solicits for charitable contributions, the information provided may be used to determine if your organization meets the 20 voluntary Standards for Charity Accountability. **Please note:** It is important to submit all of the requested information and the questionnaire as one complete package. If a charity evaluation is completed, it will be based on the information received with this package or on file with the BBB. The omission of any of the requested information or item(s) could affect this evaluation and may result in the organization not meeting one or more charity standards. Once a report is written, your organization will be provided a draft copy prior to publication.

If your organization is in the midst of completing a more current annual report, financial statement, IRS Form 990 and/or C.I.N. Form CHAR500, please submit the latest available copy with your completed questionnaire & submit the more current reports when available.

USE OF THE BETTER BUSINESS BUREAU NAME

The name "Better Business Bureau" and the BBB torch logo are federally registered service marks owned by the Council of Better Business Bureaus, Inc. Unless licensed for use, others may not use the Better Business Bureau service marks.

The completion of this form and the submission of information to the Better Business Bureau does not imply any form of endorsement, approval or membership. The information is provided solely to help us assist donors in their contribution decisions.

Signing this form indicates your organization's agreement to the above conditions regarding use of submitted information. In addition, by signing below your organization agrees that it will not use the BBB name, evaluation conclusions, or make any reference to whether your organization meets the Standards for Charity Accountability, unless you are actively participating in the Charity Seal program, and have signed a separate agreement.

Preparer's name and title (Please type or print)

Signature: _____ Date: _____

Officer's Certification:

I have reviewed the information presented in this questionnaire and its attachments and the contents are accurate to the best of my knowledge.

Name and title of **Executive Director** or **Chief Financial Officer** (Please type or print)

Signature: _____ Date: _____

CHECKLIST OF ENCLOSURES: (Please provide a copy of the following items.)

Please mark if each item is enclosed. If not applicable, please indicate N/A:

- _____ 1. Annual Report. This is an annually produced fact sheet, brochure, or other publication that summarizes your mission, programs, finances, & governance for the past year. (To request a sample annual report, please email mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 2. Latest audited financial statements (if not audited, send unaudited statements)
If not available, please clarify _____
- _____ 3. Complete IRS Form 990 (with Schedule A, if applicable) and NYS Form CHAR500
If not available, please clarify _____
- _____ 4. Budget for the current fiscal year (to request a sample budget please email mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 5. Board Roster, specifying the officers (i.e., chairman, secretary, treasurer) and the professional affiliations and title of each board member (i.e., John Jones, Marketing Director, XYZ Bank)
- _____ 6. Fundraising Requests. Please check all fundraising methods used in the past year and please include a copy of all versions of appeals used for each applicable item.
a) _____ direct mail appeals
b) _____ cause-related marketing solicitations (see #7)
c) _____ invitations to fundraising events
d) _____ print ads(newspapers, magazines, etc.) and/or scripts of television or radio appeals
e) _____ telephone appeal scripts
f) _____ grant proposals (only one recent sample of one of the 3 types listed below is needed):
 _____ foundations
 _____ corporations
 _____ government agencies
g) _____ planned giving appeals
h) _____ internet appeals
i) _____ other, please specify _____
- _____ 7. Cause-related Marketing Promotions. If your organization has promotions that involve arrangements with for-profit firms that sell consumer goods or services that state the charity will benefit from sales (for example, affinity credit cards, household products, breakfast cereals, merchandise catalogs, etc.).
Please enclose:
a) Copies of such promotions from the past year
b) Any written agreements/contracts with these companies. If there are any privacy restrictions regarding these marketing arrangements, please contact the BBB.
- _____ 8. Board-approved Conflict of Interest Policy - **If not available, please clarify** _____
- _____ 9. Website Privacy Policy - please print out from your website (to request samples of privacy policies and a list of elements BBB looks for in a privacy policy, please email mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 10. Informational brochures & other materials that describe your organization's activities.
- _____ 11. Board policy of measuring and assessing effectiveness (for information on measuring effectiveness policies and a sample policy, please visit www.newyork.bbb.org, go to the charities page and click on measuring organizational effectiveness OR email us at mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 12. If applicable, agreements with affiliate(s) and/or a national office

Please refer to www.bbbfoundation.org for any questions regarding the 20 Standards for Charity Accountability or email us at mbergman@columbus-ohbbb.org

Name & title of primary contact at your organization: _____

Telephone (direct): _____ Email: _____ Fax: _____

Preferred method of contact (check one): Email: _____ Fax: _____ Regular Mail: _____

BACKGROUND INFORMATION

1. Please state your organization's mission/purpose(s) or reference to where it can easily be found within the materials you submitted with this questionnaire.

2. Have there been any significant changes in your organization's purpose(s) and/or program activities in the past year? (For example, amending of the official stated mission, adding or terminating a major program, etc.)
Yes ____ No ____ **If yes, please explain**

3. List **year** in which organization was incorporated _____

4. List **state** in which organization was incorporated _____

5. Does your organization have affiliates, chapters, subsidiaries, and/or other related entities? Yes ____ No ____
If yes, (a) please provide a list of the names and addresses of these organizations and/or businesses, and (b) briefly describe the nature of the relationship with those listed. If applicable, please include program, financial, fundraising, and/or governing board relationships.

6. What is the scope of your organization's fundraising activities? _____ National _____ Regional _____ Local

STAFF & GOVERNANCE

7. Total number of: Full-time employees: _____ Part-time employees: _____ (please indicate 0 if there are none)

8. Total number of: Full-time & part-time volunteers: _____ (please indicate 0 if there are none)

9. Name of chief paid executive _____

Official title: _____

9b. Please identify the total past year's compensation for your organization's chief paid executive. This total compensation should include annual salary and, if applicable, benefit plans, expense accounts and other allowances. If this person is not the highest paid executive, please also provide the name, title and compensation for that person.

10. Name & title of Chairman of the Board of Directors: _____

Chairman's **company and full mailing address:** _____

11. Does your organization have a board policy to appraise the CEO's performance?
 Yes ____ No ____ (See Implementation Guide for information about Standard 1)
 1. If yes, how often is the CEO's performance reviewed? _____
 2. What was the date of the last CEO Performance appraisal? _____
12. Does the board of directors and/or a committee of the board receive, on an **annual** basis, the following documents?
 Yes ____ No ____ Most recent IRS Form 990
 Yes ____ No ____ Most recent audited financial statements (or most recent unaudited financial statements)
 Yes ____ No ____ N/A ____ Auditor's management letter (if one was issued)
13. Does your organization have a board-approved Conflict of Interest Policy? Yes ____ No ____ **(please enclose a copy)**
14. Do any compensated staff members serve as voting members of the board? Yes ____ No ____ **If yes, on a separate sheet of paper, please provide name(s), title(s) and total compensation during the past fiscal year for each member?**
15. Other than paid staff members who may serve on the board, are there any other members of the board of directors who receive some type of direct compensation (e.g., fixed expense accounts or honoraria)?
 Yes ____ No ____ **If yes, please answer (a) & (b).**
 (a) Please describe the nature of the compensation and identify the board member(s) and amount(s) involved.
 (b) Please list any board members who are relatives (eg. spouse, parent, sibling or child) of the individual(s) named in (a) above.
16. Are any members of the board of directors relatives of paid staff members of the organization?
 Yes ____ No ____ **If yes, attach schedule identifying the name(s), title(s) and relationship(s).**
17. In the past year, has your organization purchased goods and/or services from either:
 1. any member of the board, and/or professional staff? Yes ____ No ____
 2. any firm, organization or institution with which this member or his/her direct family relation is affiliated?
 Yes ____ No ____
If yes, on a separate sheet, please:
 a) provide names and titles of individuals, and identify their relationship to the related party,
 b) identify goods or services purchased,
 c) list amounts paid for such goods or services,
 d) identify the size of the transaction relative to like expenses of the charity (for example, if the transaction is for printing expenses, what portion of the total printing expenses in the past year were purchased through the board member's related entity?)
 e) state if at least two other competitive bids were considered,
 f) state if the interested board member(s) participated in the vote to hire the related firm(s)
 g) describe if the transaction is one-time, recurring or ongoing, and
 h) identify any other steps taken to ensure arm's length transactions.
18. In the past year, has your organization made any grants, contributions or loans to
 1. any member of the board, and/or professional staff? Yes ____ No ____
 2. any firm, organization or institution with which this member or his/her direct family relation is affiliated?
 Yes ____ No ____
If yes, on a separate sheet, please:
 a) provide names and titles of individuals, and identify their relationship to the related party,
 b) provide details of the arrangements,
 c) list the amount of the award or loan,
 d) identify the size of the transaction relative to other grants, contributions, or loans made by the charity (for example, if the transaction is for grants, what portion of the total grant expenses in the past year were purchased through the board member's related entity?)
 e) state if the interested board member(s) participated in the vote to hire the related firm(s)
 f) describe if the transaction is one-time, recurring or ongoing, and
 g) identify any other steps taken to ensure arm's length transactions.

19. Does your organization have a board policy of assessing the organization's performance and effectiveness and of determining future actions required to achieve its mission? Yes ____ No ____ **If Yes, please provide a copy of the policy.** (See measuring organizational effectiveness at www.columbus-ohbbb.org for information on Standard 6 and a sample measuring effectiveness policy).

1. If your organization does have a board policy of measuring effectiveness, how often is the policy carried out? - _____

20. Does your organization submit a written report to its governing body outlining the results of the aforementioned performance and effectiveness assessment? Yes ____ No ____ N/A (at this time) _____. (See measuring organizational effectiveness at www.columbus-ohbbb.org for information on Standard 7).

1. If your organization does submit a written report to its governing body, does the report include recommendations for future actions? Yes _____ No _____ N/A _____

21. Does the board of directors formally approve the annual budget? Yes ____ No ____

22. Approximately how many **months** after the close of your organization's fiscal year are your audited financial statements complete? _____

FUNDRAISING & INFORMATIONAL MATERIALS

23. Please describe the type and number of your organization's development and/or fundraising methods used in the past year (i.e., the number of special events, direct mail, grant proposals, thrift shops, auto donations, annual appeals to members, cause-related marketing promotions, etc.).

24. Did your organization use any outside fundraising firm(s) and/or fundraising consultant(s) in the past year? Yes ____ No ____ **If yes,**

(a) How many fundraising firms or consultants were used in the past year? _____

(b) Did your organization have written agreements with each of these firms? Yes ____ No _____. If you did not have written agreements for all or some, please clarify on a separate sheet of paper.

(c) Was the board of directors informed of all of the terms of these agreements? Yes ____ No ____

If yes, please provide the name(s), describe the relationship(s) or service(s) provided. If no, please indicate who conducts your fundraising activities (i.e., the number of employees and their titles, the number of volunteers, etc.).

25. Does any city, county, state or federal agency either (a) have any currently pending legal action against your organization and/or (b) have any concluded legal action within the past three years? Yes ____ No _____. **If yes, on a separate sheet, name the locations(s) and briefly describe the nature and status/resolution of the action(s).**

26. If your organization has a **website**, please identify the internet address for the specific page where each piece of information can be found. If not applicable, please indicate so. (See Implementation Guide for information about Standards 17 & 18b)

Annual report:
Organization's mission statement:
Program service accomplishments of the past year:

Most recent board of directors roster including officers:
Most recent financial information:
Most recent IRS Form 990:
Donation/contribution information:
Organization's mailing address:
Internet privacy policy:

27. Regarding written appeals; does your organization rent, exchange, or sell names, addresses, or other donor information with outside organizations? Yes ____ No ____.

If yes, please provide solicitations from the past year indicating how donors can "opt out" if they do not want their information shared outside your organization. (See Implementation Guide for information about Standard 18a)

Please indicate how often this option is offered: _____

28. Has your organization received any complaints brought to your attention by local Better Business Bureaus in the past three years? Yes ____ No ____. **If yes, please let us know which Bureau and provide details on actions taken, if applicable.**

29. On the following chart, please:

1. List the dates of all board of directors meetings held during the past fiscal year*.
2. Total number of voting members present at the meeting.
3. Total number of members that were present via other means (e.g. telephone, video conferencing, internet, etc.)
4. Number of voting board members serving at the time of meeting.
5. Of those present from #2, list the total number of members that were present via proxy (person authorized to act/vote for another).

*Please do not include meetings of the executive committee or other interim governing body that meets between meetings of the full board.

Board of Directors Meeting Attendance

Fiscal Year:	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6	Meeting 7
1. Board Meeting Dates:							
2. Total number of voting members <u>present</u> at meeting							
3. Total number of members that were present via telephone, video conferencing, etc.							
4. Number of voting board members serving at the time of meeting							
5. Of those present from #2, the total number of members that were present via proxy (person authorized to act/vote for another)							

Attach additional sheets for more meetings, if needed.